

Last Name _____

Postmark Date _____

Membership # _____

Miami Hills Swim & Tennis Club Emergency Medical Form

Rev. 2015

Print Parent/Legal Guardian's Name(s) _____

Address _____

Email _____

Home Phone _____

Work Phone(s) **name** _____ **name** _____

Cell Phone(s) **name** _____ **name** _____

Authorization for shared information

Please check the box if you **do not** wish your information to be shared in the Club Directory.

We often take photos at Club events for use on our website. Please check the box if you **do not** give permission for photos of your family to be used.

Family member name **Birthdate (mm/dd/yy)** **Notes, allergies, special needs, etc.**

Family member name	Birthdate (mm/dd/yy)	Notes, allergies, special needs, etc.

Insurance/Care Provider _____ Group/Policy # _____ **This information must be included for Aquatics and/or Tennis team*

Physician Name _____ Phone _____

Hospital Name _____ Phone _____

Dentist Name _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the designated preferred physician, dentist, local EMS, or in the event the designated preferred practitioner is not available, treatment may be administered by another licensed physician or dentist, **OR** the transfer of the member to the preferred hospital or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Signature _____ **Date** _____

I agree to follow and abide by the Member Rules & Responsibilities, which can be located on the Club's website. A printed copy can be provided upon request. I agree to follow and abide by these rules and responsibilities.

Signature _____ **Date** _____

The purpose of this form is to enable parents/guardians to authorize emergency medical treatment for all household members who become ill or injures while on the premises or attending club events. Updated Annually.