

## Consent to Medical Treatment of Minor

I hereby authorize any duly authorized doctor, emergency medical technician, hospital or other medical facility to treat said minor for the purpose of attempting to treat or relieve any injuries received by said minor while he/she was a participant or observer at an event sanctioned or approved by U.S. Swimming.

I authorize any licensed physician to perform any procedure which he deems advisable in attempting to treat or relieve any injuries or any related unhealthy conditions of said minor that he may encounter during any necessary operation.

I consent to the administration of anesthesia as deemed advisable by any licensed physician.

I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment and I assume any such risk on behalf of myself and said minor. I acknowledge that no warranty is being made as to the results of any treatment.

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
I have read this release – sign here

\_\_\_\_\_  
Legal Guardian/Relationship to Minor

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**NOTARIZATION**

In witness whereof each of the undersigned has set his hand and seal the \_\_\_\_ day of \_\_\_\_\_  
20\_\_\_\_AD.

Parent and Natural Guardian \_\_\_\_\_

Legal Guardian \_\_\_\_\_

State of \_\_\_\_\_

SS # \_\_\_\_\_

County of \_\_\_\_\_

Before me, a Notary Public, in and for said County and State, personally appeared \_\_\_\_\_  
and \_\_\_\_\_ who acknowledged that they had read the above and foregoing Consent  
to Medical Treatment and that the affixing of their signatures to said instrument was their voluntary act  
and deed.

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_