

**LONGVIEW SWIM CLUB  
EMERGENCY MEDICAL CARE AUTHORIZATION**

**Date:** \_\_\_\_\_

As the legal parent or guardian, I do hereby authorize emergency care and/or transportation by ambulance for the following \_\_\_\_\_ child/children.  
(number)

CHILD'S NAME	BIRTHDATE	ALLERGIES	REGULAR MEDICATIONS
1			
2			
3			
4			
5			

**Hospital Preference:** \_\_\_\_\_

**Known Medical Conditions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Physician:** \_\_\_\_\_

**Physician's Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

SUBSCRIBED AND SWORN TO BEFORE ME on the day, month, and year first above set forth.

\_\_\_\_\_  
Notary Public in and for the State of Texas