

North Carolina Diving – Diver Emergency Information

Diver's Name _____ Date of Birth _____

Address _____

Diver lives with _____ Home Phone _____

Parent/Guardian _____ Home Phone _____

Employer _____ Work/Cell/Pager _____/_____/_____

My child has the following health condition (ex. diabetes, asthma, kidney problems, seizures, heart problems, etc.) _____

My child has the following athletic injury or orthopedic conditions: _____

My child has these allergies (medication, food, environmental [insect bites, pollen, latex]): _____

Severity of allergies (ex. mild, moderate, anaphylactic): _____ Previous hospitalization due to allergic reaction __Yes __No

My child is now taking the following medication(s): _____

Other health-related issues: _____

Date of last Tetanus Booster _____ Please list your hospital preference: _____

Should questions arise regarding my child's participation in or care during an activity, and parents/guardians are not available, please consult with:

1. Name _____ Home Phone _____

Relationship to my child _____ Work/Cell/Pager _____/_____/_____

2. Name _____ Home Phone _____

Relationship to my child _____ Work/Cell/Pager _____/_____/_____

Health Care Provider _____ Phone _____ Address _____

Dentist _____ Phone _____ Address _____

PARENT CONSENT: I/We hereby give my consent for _____ to participate in North Carolina Diving. The financial responsibility for securing care of injuries incurred while participating in North Carolina Diving activities is a matter between the parent(s)/guardian(s) and the health provider. North Carolina Diving may not pay doctors, dentists, or hospitals for any treatment of any child.

INSURANCE: North Carolina Diving highly recommends the diver to be insured.

Insurance Co. _____ Policy # _____ Phone _____

Insurance Co. Address: _____ Policy Holder's Name: _____

AUTHORIZATION FOR MEDICAL SERVICES: I/We request that I/We be contacted within a reasonable time in the event of illness or injury requiring medical services. In the event I/we cannot be reached, I/we parent(s)/guardian(s), hereby designate North Carolina Diving coaching staff to act in my/our behalf to authorize such hospitalization, medical attention and surgery as my be required in an emergency because of illness or injured sustained by my/ward while participating in North Carolina Diving activities. In the event I/we cannot be reached and the situation calls for medical attention, I/we recognize and relinquish our responsibility to a practicing physician and /or medical personnel acting in the best interest of my/our child/ward. I/We hereby assume financial responsibility for hospitalization, medical attention, emergency transportation and surgery provided.

Parent/Guardian: _____ Date: _____