



Deane Homes Swim Club
 1010 Overlook Ridge Road
 Diamond Bar, California 91765
 Authorization and Consent Form

Name of Minor: _____

Name of Minor: _____

Name of Minor: _____

Date of Birth: _____

Date of Birth: _____

Date of Birth: _____

The undersigned do hereby authorize _____, Deane Homes Swim Club, or such substitute as may be designated as agent for the undersigned to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnoses or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any physician and/or surgeon, licensed under the Provision of Medicine Practice Act or of any dentist licensed under the Dental Practice Act, whether such diagnosis or treatment is rendered at the office said physician or dentist, at hospital, or elsewhere.

This authorization will remain in effect while the above minor is enroute to or from or involved or participating in any program or activity of the Deane Homes Swim Club, Diamond Bar, California unless revoked in writing by the undersigned, and delivered to the afore-stated agent.

Parent/Guardian (PRINT): _____

Home Address: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

Email: _____

Family Physician: _____

Physician's Phone Number: _____

Family Dentist: _____

Dentist's Phone Number: _____

Medical Insurance Company: _____

Policy/Group #: _____

Dental Insurance Company: _____

Policy/Group #: _____

Please use this space to furnish any medical information that might be useful to the above named agent in case of an emergency.

Date of last Tetanus Shot: _____

Allergies: _____

Dated: _____

Signature: _____