



**Age Group and Senior
Platform and Springboard Diving Program**

**2010 EMERGENCY
INFORMATION**

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Diver's Name Address

City State Zip Birth date Home Phone

It is occasionally necessary to communicate with a parent during the day because of accident or illness.

Father's Name Cell phone E-mail address

Mother's Name Cell phone E-mail address

If we are unable to contact you at home or at your cell phone, is there a relative or friend we may call?

Relationship Phone Name

In an emergency, when it is impossible to contact you, do you authorize a JADE representative to take your child to the hospital? Yes _____ No _____

Physician's Name Phone

Dentist's Name Phone

In the event reasonable attempts to contact me at _____ (phone) or _____

(other parent or guardian) at _____ (phone) have been unsuccessful, I hereby grant consent for: (1)

the administration of any treatment deemed necessary by Dr. _____ (preferred dentist) or Dr.

_____ (preferred physician); and the transfer of the child to _____

(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.

Facts concerning the child's medical history including allergies, medications being taken, and any impairments to which a physician should be alerted: (use back page if necessary)

Date of Last Tetanus Shot

Signature of Parent or Guardian

Signature of Notary (Travel team only)

Present Date

Hospitalization Insurance Company Name

Policy Number