

WINDING-VISTA RECREATION
AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
SUMMER 2005

EVERY child who will be swimming at WINDING-VISTA this summer must have an AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT form on file with the pool manager.

If my child/children (print their names)

should become ill or injured at WINDING-VISTA RECREATION, INC., I understand that the pool staff will: (1) contact me immediately, or (2) contact the person(s) I have designated if I cannot be reached. Should the staff be unable to reach me or the person(s) designated, they are authorized to contact my child's physician or arrange for immediate emergency treatment necessary to insure the health and safety of my child.

Parent Name(s) - Please print	Signature
Home & Mobile Phone:	Work Phone(s) :
Doctor Name:	Doctor Phone:
Hospital Preference:	Allergies, etc:
Emergency Contact:	Phone:
Emergency Contact:	Phone