

**VSI MEDICAL INFORMATION  
ATHLETE  
ATHLETE'S MEDICAL AUTHORIZATION**

**Athlete's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Email :** \_\_\_\_\_

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

**Insurance Co:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

**\*It would be helpful to pack a copy of your child's insurance card with them on the trip.**

**THE FOLLOWING STATEMENT MUST BE COMPLETED  
WITH A SIGNATURE AND DATE**

**In case of emergency, when I can not be reached, Virginia Swimming Inc., and any representative thereof, including the Team Manager, chaperone, or coach, has my permission to take the athlete named above, to any hospital, and the hospital staff and its medical staff have my permission to provide treatment which a physician deems necessary for the well being of the above named athlete.**

**Signature: (Athlete's Parent/Guardian)** \_\_\_\_\_ **Date** \_\_\_\_\_

**YOU MUST FURNISH THE NAMES OF MEDICATION AND ALLERGIES  
AND INTIAL EACH ENTRY AND DATE**

**ALL MEDICATION THE ABOVE ATHLETE IS PRESENTLY TAKING:**

\_\_\_\_\_

**INITIALS** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ANY ALLLERGIES TO FOOD, DRINK, MEDICINE OR DRUGS:**

\_\_\_\_\_

**INITIALS** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RETURN TO:**        **Maureen Tolliver**  
                         **3 Monarch Court**  
                         **Stafford VA 22554**