AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

## For Children Under Age 18

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**LAST NAME OF CLUB MEMBER** **STOCK NUMBER**

(please print)

I am the parent/guardian of:

(list names of children under 18)

I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency at Vienna Woods Swim and Tennis Club, and to incur on my behalf any medical expenses involved, under circumstances described below.

Should a medical emergency arise at the Club while my child is unattended by a parent/guardian, I understand that reasonable efforts will be made to contact me at phone number(s)

If I am not immediately available at these telephone numbers, or if it is believed my child’s life or health may be adversely affected by the delay that an attempt to contact me would cause, I consent to:

1. the administration of medical treatment and/or surgical procedures deemed necessary by the medical doctor and/or medical facility chosen by the staff and management of Vienna Woods Swim and Tennis Club for treatment; and
2. the immediate administration of life-sustaining measures deemed necessary under the circumstances.

IN CONSIDERATION OF THE ADMISSION OF MY CHILD(REN) TO THE FACILITY WITHOUT THEIR PARENT OR GUARDIAN BEING PRESENT, I AGREE TO INDEMNIFY AND HOLD HARMLESS THE VIENNA WOODS SWIM AND TENNIS CLUB, ITS OFFICERS, DIRECTORS, EMPLOYEES, AND VOLUNTEERS FROM ANY LIABILITY OR EXPENSE WHATSOEVER ARISING FROM ANY INJURY TO MY CHILD(REN) IN THE COURSE OF UTILIZATION OF CLUB FACILITIES.

# Date Signature of Parent or Guardian