

Authorization for Emergency Treatment

Date: _____

To Whom It May Concern,

I, [Parent/Guardian Name], hereby authorize [Swimming Instructor's Name] and [Swimming School/Organization Name] to act on my behalf in the event of an emergency involving my child, [Child's Name], during swimming lessons.

If necessary, I give my consent for the trained staff to seek medical treatment for my child, including but not limited to:

- Calling emergency services
- Administering first aid
- Transporting my child to the nearest hospital

In case of an emergency, please contact me at:

Phone: _____

Email: _____

Signature: _____

Printed Name: _____