



## BC AQUASONICS CONSENT FOR EMERGENCY MEDICAL TREATMENT

Updated: July 25, 2020

Approved by BCAQ Executive Board: July 26, 2020

I, \_\_\_\_\_, give permission to the officials and coaches of British Columbia Artistic Swimming and the BC Aquasonics to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations.

I understand that the officials and coaches of British Columbia Artistic Swimming and the BC Aquasonics will make every reasonable effort, in the circumstances, to contact me regarding my child's/ward's medical status in the event an emergency arises. If I cannot be reached in an emergency, I hereby give my permission to the licensed physician, dentist, athletic therapist, nurse, or other medical professional whose services might be required to provide medical care and treatment.

By signing here, I indicate that I have the understanding and capacity to communicate health care directives for my child/ward and that I am fully informed as to the contents of this document and understand the full import of this grant of powers to the officials and coaches of British Columbia Artistic Swimming and the BC Aquasonics.

**Participant/Athlete Name:**

please print name

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**Parent/Guardian Name:**

If participant/athlete is a minor.  
please print name

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**Signature:**

Participant/Athlete or  
Parent/Guardian if individual is a  
minor

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**Date Signed:**

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