

## Consent for Emergency Medical Treatment

ACROSS THE LAKE SWIM SOCIETY (“ATLSS”)

I give permission to the ATLSS staff to make decisions concerning medical care and treatment, and where necessary to authorize such care and treatment in emergency situations. I understand that the ATLSS staff will make every reasonable effort, in the circumstances, to reach my emergency contact regarding my medical status in the event an emergency arises. In the event that my contact 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.

I indicate that I have the understanding and capacity to communicate health care directives for myself 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 ATLSS staff.

I understand and accept the above ATLSS policy.

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