



MEDICAL RELEASE AND PERMISSION SLIP

(MUST HAVE A COMPLETED AND SIGNED FORM FOR EACH CHILD SWIMMER)

Child's Name _____ Phone Number _____

Address, City, State, ZIP _____

DOB _____ Last Health Exam _____ Last Tetanus Shot _____

Are there any medical conditions we should be aware of? Yes or No

Are there any medical conditions that may hinder your child swimming? Yes or No

If either question is 'yes', please explain _____

Please list any medications that would need to be administered, by an adult, in case of emergency: _____

Father (or legal guardian) _____ Work Phone _____

Home phone and address if different from above _____

Mother (or legal guardian) _____ Work Phone _____

Home phone and address if different from above _____

If unable to reach Parent or Guardian in case of emergency, please contact:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Doctor/Clinic _____ Phone _____

Primary Insurance _____ Policy # _____ Group # _____

Secondary Insurance _____ Policy # _____ Group # _____

To Whom It May Concern:

As the parent and/or guardian of the above-mentioned child, I do hereby authorize treatment at the discretion of any licensed physician in the event of a medical emergency, which, in the opinion of the attending physician, may endanger the child's life, cause physical impairment, disfigurement or undue discomfort, if delayed. This authority is granted in the event of my absence and after attempts have been made to contact Parents/Guardians and Emergency Contacts listed above.

The undersigned assumes responsibility for any cost connected with such treatment and authorizes transportation by emergency or private vehicle to an appropriate medical facility.

Signed: _____ Date: _____