

Emergency Contact and Medical Information

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Swimmer's Name	Date of Birth		Sex
Parent's/Guardian's Name	Parent's/Guardian's Name		
Home or Work Phone (circle)	Cell Phone	Home or Work Phone (circle)	Cell Phone
Address	Address		
City, State, Zip Code	City, State, Zip Code		

Alternative Emergency Contacts

Primary Emergency Contact	Secondary Emergency Contact
Primary Emergency Contact Phone Numbers	Secondary Emergency Contact Phone Numbers

Medical Information

Hospital or Clinic Preference	
Physician's Name	Phone Number
Insurance Company	Policy Number
Allergies/Special Health Considerations	

Emergency Release and Field Trip Release

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of an accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date