

**First Colony Swim Team
Medical Release Form**

I am the parent, guardian, or custodian of the swimmer named herein, and I consent to medical and surgical treatment during an emergency involving an immediate danger to the health and safety of the swimmer.

I authorize and empower the representatives the First Colony Swim Team to act on my behalf during an emergency involving an immediate danger to the health and safety of the swimmer and those representatives are authorized to consent to medical and surgical treatment.

I hereby release and agree to hold harmless the First Colony Swim Team and its representatives from any claims arising from such emergency medical treatment and from any source whatsoever during the period that the swimmer is participating in any trip sponsored or conducted by First Colony Swim Team.

Please fill out ALL information including full middle name. From past experience some hospitals and pharmacies require all information requested.

Chaperone Name: _____

Chaperone Signature: _____ Date: _____

Emergency Contact Person's Name : _____ **Phone:** _____

Chaperone Physician and Phone: _____

Medical Insurance Coverage: _____ Policy Number: _____

Any Known Food or Drug Allergies: _____

Current Medication and Dosage: _____

Other Pertinent Medical Information: _____

***Please attach a copy of your insurance card (both front and back) when turning in your medical consent form.**