



Metro Parks Swim Teams

Athlete Medical Waiver



Athlete Name: _____

I consent to medical care for my minor child, born on _____, 20____, including routine diagnostic procedures and medical, dental, and/or surgical treatment by a physician, if needed during the _____ (event). I give consent to the Metro Parks Tacoma/Metro Aquatics staff to obtain said medical care if needed.

Swimmer's Signature Printed Name Date

Parent or Legal Guardian Signature Printed Name Date

List any medical conditions:

List any allergies including medication, food, and over the counter medications:

List any medications that must be administered:

Any special food requirements:

Please include telephone numbers where a parent, relative or guardian may be reached in case of an emergency.

Name Phone Relationship

Name Phone Relationship

Insurance Company Policy # Phone

[] If there is extra information we need to know, please check box and write on the back of this sheet.