DF Stingrays

2017 Medical Release Form

Swimmer Name: *Click here to enter Swimmer Name.*

|  |  |  |
| --- | --- | --- |
|  | Father/Guardian  | Mother/Guardian |
| Name: |  |  |
| Work Phone: |  |  |
| Home Phone: |  |  |
| Mobile Phone: |  |  |

If the Parent cannot be reached, person to be contacted in case of emergency:

Name: *Click here to enter name.* Relationship: *Click here to enter relationship.*

Phone: *Click here to enter phone.*

**Medical Information**

Physician’s Name: *Click here to enter Physician Name.*

Phone: *Click here to enter number.*

Hospital Preference: *Click here to enter hospital preference.*

**Allergies**

Medications? [ ]  Yes [ ]  No

If yes, please specify: *Click here to enter medications.*

Bee Stings? [ ]  Yes [ ]  No

Other: *Click here to specify other allergies.*

Does the Swimmer have a health condition requiring possible emergency care? [ ]  Yes [ ]  No

If yes, please specify: *Click here to specify.*

Does the Swimmer have any health concerns that would need to be identified in an emergency? [ ]  Yes [ ]  No

If yes, please specify: *Click here to specify.*

I Authorize the Swim Team Coaches or Officers to administer first aid and/or take my child to a physician or hospital for emergency treatment in the event it appears necessary and neither parent (guardian) can be contacted. (Rescue Squad in Emergency situations)

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Signature of Parent or Guardian Print Name Clearly Date