

MEDICAL RELEASE FORM

WEST VIRGINIA SWIMMING, Inc.

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 West Virginia Swimming 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, indemnify, and agree to hold harmless West Virginia Swimming 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 Gulf Swimming.

Swimmer's Name: _____

Swimmer's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Parent/Guardian's Printed Name: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Swimmer's Physician: _____

Physician's Address: _____

Physician's Phone: _____

Insurance Coverage: _____

Policy Number: _____

(Attach copy of front and back of Insurance Coverage Card)

Any Known Food or Drug Allergies: _____

List of Current Medications:
