



2011 Medical Release Form

\_\_\_\_\_ (Last Name)

**Names & Ages of Swimmers/Divers**

_____	_____
_____	_____
_____	_____

**Swim/Dive Team Emergency Health Info**

**Emergency Information:**

In case of an emergency, please contact:

\_\_\_\_\_ (name) \_\_\_\_\_ (relationship)

\_\_\_\_\_ (phone) \_\_\_\_\_ (cell)

**Family physician and phone:** \_\_\_\_\_

**Preferred dentist and phone:** \_\_\_\_\_

**Insurance/Name of insured/Company/Policy Number:**

\_\_\_\_\_

**Pertinent health information: (medications, allergies, chronic illnesses)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give permission for a representative from Forest Hills Swim and Tennis Club to transport and initiate medical treatment for my child(ren), \_\_\_\_\_ to \_\_\_\_\_ or the nearest medical facility, in event of an injury/illness and I cannot be reached.

Signature and date: \_\_\_\_\_