



2018 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: _____