



# Terrace Park Swim Club and Swim Team Emergency Medical Release

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION (include guardian where appropriate)

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

*In an emergency when parent/guardian cannot be reached, please contact the following:*

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Alt Phone \_\_\_\_\_

## MEDICAL/INSURANCE INFORMATION

Allergies \_\_\_\_\_  
Other Medical Conditions \_\_\_\_\_  
\_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_  
Policy Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES.**

I give permission for emergency medical treatment for the above-named child for illness or accident if the above named parents/guardian cannot first be contacted.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_