

EMERGENCY MEDICAL RELEASE FORM
(One Form Per Swimmer)

This form must be completed before your swimmer begins swimming with the Gunnison Stingrays Swim Team. The information will be held in the swimmer's file for use only in the event of an emergency.

Swimmer Name: _____

Date of Birth: _____

***Fathers Name:** _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

***Mothers Name:** _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Email address(s) for Stringray Updates: _____

*****IN THE EVENT OF AN EMERGENCY NOTIFY:**

Contact #1: _____

Phone(s): _____

Contact #2: _____

Phone(s): _____

Contact #3: _____

Phone(s): _____

Insurance Information: _____

Policy #: _____

Insurance Phone #: _____

PHYSICIAN:

Name: _____

Phone: _____

Address: _____

DENTIST:

Name: _____

Phone: _____

Address: _____

EYE DOCTOR:

Name: _____

Phone: _____

Address: _____

HEALTH HISTORY (Please Circle All That Apply)

Hearing Impaired
Diabetes

Visually Impaired
Asthma

Contact Lenses
Other: (list) _____

Seizures

Epilepsy

Does Swimmer Take Medication? NO YES: please list: dosage/frequency: _____

Does Swimmer have allergies? NO YES: please list: _____

Does Swimmer have other medical conditions? NO YES: please list: _____

MEDICAL AUTHORIZATION

I, _____(Parent/Guardian) in the event of an accident, injury or serious illness to the above swimmer, do voluntarily consent to and authorize the Gunnison Stingrays Swim Team to secure medical aid (which may include routine diagnostic procedures, medical and/or surgical treatment including injection, anesthesia, or transportation to a medical facility.) I understand that an effort will be made to contact myself or any of the individuals listed above before any action is taken. I understand that Gunnison Stingrays Swim Team does not guarantee the results of any medical treatment and will have any or all examinations/treatments done by authorized persons or facilities.

BY MY SIGNATURE, I AUTHORIZE AND GIVE MY PERMISSION FOR MEDICAL TREATMENT OF MY SWIMMER.

PARENT/GUARDIAN SIGNATURE:

DATE: