

**CRC Barnstormers  
MEDICAL RELEASE FORM**

Child's Name \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Birthdate: \_\_\_\_\_ Age 6/1/18 \_\_\_\_\_

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Child's Name \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Birthdate: \_\_\_\_\_ Age 6/1/18 \_\_\_\_\_

Child(ren)'s Address: \_\_\_\_\_

Parents/Legal Guardians \_\_\_\_\_

**EMERGENCY CONTACTS**

Mother/Guardian: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Beeper Number: \_\_\_\_\_

Beeper Number: \_\_\_\_\_

Other: Name: \_\_\_\_\_

(Relationship) \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Evening Telephone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Beeper Number: \_\_\_\_\_

**MEDICAL INFORMATION**

I give permission to CRC Barnstormer swim coaches, lifeguards and/or swim committee members to administer the following medications to my child as needed: (initial by the ones your child may have administered as needed)

\_\_\_ **Ibuprophen** \_\_\_ **Acetaminophen** \_\_\_ **Antacid tablets** \_\_\_ **Benadryl Tablets**

My child will have \_\_\_ inhaler or \_\_\_ epi-pen in his/her possession.

My child is allergic to the following medications:

\_\_\_\_\_

My child is allergic to the following foods: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

List any medical conditions or medical history of which CRC Barnstormer swim coaches, lifeguards and/or swim committee members should be aware: \_\_\_\_\_

\_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_ Policy/ID Number: \_\_\_\_\_

Insured's Name: \_\_\_\_\_

In the event of a medical emergency and a parent or other contact person named above cannot be reached by telephone or otherwise, I authorize CRC Barnstormer swim coaches, lifeguards and/or swim committee members at a swim meet to obtain medical treatment for my child and authorize any physician to examine my child and render such medical and/or surgical treatment which, in such physician's reasonable judgement, may be deemed reasonably necessary for my child's health and safety.

**Parent/Guardian Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_