

**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: _____