



## Bannister Swim Team Medical Release

Swimmer: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent or Guardian Authorization:

In case of an emergency, I hereby authorize my child to be treated/transported by Certified Emergency Personnel (i.e. First Responder, EMT, E.R. Physician).

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency contact:

Name	Relationship	Phone	Cell

Please list any medical problems, including allergies, such as bee stings and food reactions; including those requiring maintenance medications, such as asthma:

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last tetanus booster: \_\_\_\_\_

Authorized Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confidential