

dolphins swim team

w e s t e r l y - p a w c a t u c k y m c a



Ocean Community YMCA Westerly-Pawcatuck Branch

We build strong kids, strong families, strong communities.

Dolphins Swim Team Medical Release Form 2007-2008

Name of Swimmer: _____

Parent / Guardian Name: _____

Home Phone No. _____ Cell Phone No. _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone No. _____

Hospital preference: _____

Emergency Contact: _____

Please list any allergies / medical problems – including those requiring maintenance medications (i.e. ADD/ADHD, Diabetic, Asthma, and Seizures Disorder)

The purpose of the above information is to inform the coaching staff of any medical conditions that they need to be aware of and to ensure that medical personnel have details of any medical problems that may interfere with or alter treatment.

Parent / Guardian Signature: _____ Date _____