

WILLIAMSPORT AREA SWIM CLUB

Medical Information and Emergency Release (ONE PER SWIMMER – updated annually)

Swimmer's Name _____

Parents' Names: _____

Home Phone: _____ Parent's Work Phone: _____ Cell Phone: _____

- 1. In the space provided below, list any pertinent health or medical information and instructions or special problems (allergies, tetanus booster dates, drug allergies, asthma, prescriptions, etc.)

- 2. Aside from yourselves, (the parents of the Swimmer), please indicate (in order), those individuals that you would like the coaches to contact should there be an emergency involving your child:

3. Swimmer's Doctor: _____ Phone _____

4. Swimmer's Dentist: _____ Phone _____

I/we hereby give our permission for _____ to participate in practice and travel with WASC to local and out-of-town meets throughout the current swim season. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of WASC nor any chaperone or volunteer working with or traveling with the group personally liable for any accident which may occur.

In case of a minor emergency (cuts, scratches, headache, etc.), I/we give permission to the coaches or chaperones to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the chaperones or coaches of WASC until I am able to be contacted.

TO THE ATTENDING PHYSICIAN OR HOSPITAL:

Permission is hereby granted for you at the discretion of the coaches or chaperons of WASC to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

INSURANCE INFORMATION (must be complete)

Subscriber's Name (parent): _____

Insurance Company: _____

ID # _____

Group # _____

Insurance Coverage (i.e. medical, dental): _____

Insurance authorization phone number: _____

Preferred local hospital: _____

_____ Parent or Guardian Signature	_____ Date
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