

Swim Omaha

Emergency Medical Release Permission Form

I, the undersigned, give my permission to the Swim Omaha Coaches and Chaperones to seek medical assistance for _____ in the event of an emergency. This assistance is to include appropriate diagnostic and emergency room evaluations if deemed necessary. I also understand that every attempt will be made to contact me or our family physician at the phone numbers listed below should further treatments or hospitalization be warranted:

The following medical information will be helpful to hospitals or attending physicians in determining appropriate treatments.

Family Physician: _____ Address: _____

Office Phone: _____ Home Phone or Ans Svc: _____

Name of Insurance Carrier: _____

Policy Holder Name: _____ Policy #: _____

General Allergies: _____

Drug Allergies: _____

Current Medications: _____

Date of Last Tetanus Shot: _____

Other Physical Impairments: _____

Anything Else an Emergency Care Giver Should Know: _____

I may be reached by telephone at the following numbers to assist if the need arises (please list at least two phone numbers and label each, i.e.. Home, work, cell, etc.):

_____, _____, _____,

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____