



EMERGENCY MEDICAL FORM

This form must be printed and turned into the Coaching Staff before the swimmer will be allowed to participate in SRST practices. This form will be kept as a hard copy in a file at the pool located in the team shed under the bleacher area. This will ensure access to important information in the event there are problems accessing info via the team website.

Swimmer Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Emergency Information:

Mother's Name: _____ Cell: _____

Father's Name: _____ Cell: _____

If parents are not available, contact:

1st Contact Name: _____ Cell: _____

2nd Contact Name: _____ Cell: _____

3rd Contact Name: _____ Cell: _____

Swimmer Medical History Summary:

Allergies: _____

Medical Conditions: _____

Medications/Amounts: _____

Primary Physician: _____ Phone: _____

Insurance Provider: _____ Policy #: _____ Group #: _____

Parent Approval and Medical Release:

I, the undersigned, as parent or legal guardian of the child, _____, hereby authorize the StingRay Swim Team coaches, and pool staff/or team representative to seek medical treatment, as deemed necessary by the medical professionals for our child.

Parent Name (print): _____ Date: _____

Parent Signature: _____ Date: _____