



Lake Oswego Swim Club Medical Release Form

To whom it may concern:

I declare that I am the parent or legal guardian of _____, a minor, age _____. I have full custody and control of the child. In the event that my child is injured or should require medical attention, I hereby authorize you to contact our physician as listed below. In the event that this doctor cannot be reached, I hereby authorize this coach or any other LAKE OSWEGO SWIM CLUB representative to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees, or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone numbers below. In case I cannot be reached, or in case of emergency, medical treatment as described above may proceed without further authorization.

Signed: _____ Date: _____

Parent or Guardian

Child's Name: _____ Birthday: _____
(First Middle Last)

Street: _____

City: _____ Zip: _____

Father's Name *(First Last)*: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mother's Name *(First Last)*: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to notify in case of an emergency *(other than parents)*:

1. _____ Phone: _____

2. _____ Phone: _____

Physician: _____ Phone: _____

Hospital: _____

Medical Insurance Company: _____

Medical Insurance Number: _____

Special instructions regarding emergencies, (Physical problems, allergies, etc.): *****any prescription medication such as inhalers which the swimmer uses while under the coaching staff's supervision must have a signed doctor's note accompanying this medical release or swimmer will not be allowed in practice.**

Squad:

Red _____ White _____ Yellow 1 _____ Yellow 2/3 _____ Blue/Gold _____