



HEALTH AND RELEASE FORM - PERMISSION FOR EMERGENCY MEDICAL TREATMENT

Swimmer's Name: (First & Last): _____

Emergency Contact (other than Guardians above):

Contact: _____ Relationship: _____

Telephone #: _____ Cell #: _____

Health Card #: _____

Important medical considerations:

Medications:

Can the participant administer his/her own medication(s)? Yes No

Allergies:

Can the participant administer his/her own medication(s)? Yes No

I/We _____ (parent/guardians) give permission for to attend any designated meets,

practices and training camps during the 2014/2015 season.

The undersigned (parents/guardians) hereby irrevocably appoint and consent to the authorization by the Markham Aquatic Club of any and all necessary medical treatment in the event this becomes necessary for the above named swimmer while the swimmer is in the custody of and under control of the Markham Aquatic Club.

The undersigned further agrees that the Club, and its volunteers, trustees, Board members, coordinators, employees and agents shall be exempt and free of all liability and claims for damages and/or injury of any kind caused to the swimmer or to the property of the swimmer while in the custody and/or under the control of the Markham Aquatic Club, and in particular, any damages arising by or from the authorization by the Markham Aquatic Club of any necessary medical treatment as herein before referred to.

Signature _____

Date _____

PLEASE NOTE THAT IT IS ADVISABLE FOR ANY CHILD NOT COMPLETELY WELL TO STAY AT HOME