



## EMERGENCY MEDICAL FORM

I am the parent, guardian, or custodian of the swimmer named herein, and I consent to medical and surgical treatment during an emergency involving an immediate danger to the health and safety of the swimmer.

I authorize and empower the representatives of the FAST FALCONS to act on my behalf during an emergency involving an immediate danger to the health and safety of the swimmer and those representatives are authorized to consent to medical and surgical treatment.

I hereby release and agree to hold harmless the FAST FALCONS and its representatives from any claims arising from such emergency medical treatment and from any source whatsoever during the period that the swimmer is participating in any trip sponsored or conducted by the FAST FALCONS

**Please fill out all information including full middle name.**

**Swimmer's Name:** \_\_\_\_\_

Parent/Guardian's Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Printed Name: \_\_\_\_\_

**Father** : First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

**Mother** : First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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**Emergency Contact Person Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Swimmer's Physician and Phone: \_\_\_\_\_

Medical Insurance Coverage: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Any Known Food or Drug Allergies: \_\_\_\_\_

Current Medication and Dosage: \_\_\_\_\_

Other Pertinent Medical Information: \_\_\_\_\_

**\* Attach a copy of your insurance card (both front and back) when turning in your medical consent form.**