



Buenaventura Swim Club
P.O. Box 3934
Ventura, CA 93006
(805) 650-0400
www.buenaventuraswimclub.org



Buenaventura Swim Club Medical Release Authorization

Medical Release Form for Team Travel

I, _____ (parent), give my permission for
_____ (athlete) to travel to out of town swimming
meets with the Buenaventura Swim Club. In the unlikely event that my child will require
medical attention, adult supervisors, coaches, or chaperone parents associated with the
Buenaventura Swim Club have my permission to have my child treated in an appropriate way
by qualified medical personnel.

Date: _____ Limitations (if any): _____

Signature (Parent or Legal Guardian): _____

Printed Name of Parent or Legal Guardian: _____

Home Phone: _____ Cell Phone: _____

Athlete's Medical and Physician Information:

Athlete's DOB: _____ Last Tetanus Booster: _____

Known allergies to Drugs or Foods: _____

Special Medical or Other Information: _____

Present Medication(s): _____

Athlete's Physician: _____ Phone: _____

Insurance Carrier: _____

Policy Number: _____ Group Number: _____

☐ See attached insurance card(s)