Little Hunting Park Medical Release Form

I am the parent/guardian of _____.

Subject to the conditions set forth below, I consent for my child to receive such medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency. I will assume liability for any and all medical expenses involved. This authorization extends to my child's participation in any activity sponsored by or involved with Little Hunting Park Pool and Tennis Club, including Swim Team, Swim Lessons, Tennis Team, Tennis Lessons, and Baroody Camps. Should medical emergency arise during my child's participation in a Little Hunting Park-sponsored event, I understand that reasonable efforts will be made to contact me or my designated alternative at the phone numbers listed on the reverse page. If it is believed that my child's life or health may be adversely affected by the delay that an attempt to contact my designated alternative or me would cause, I consent to:

a) The administration of medical and/or surgical procedures deemed necessary by the medical doctor and/or medical facility identified or chosen by the Little Hunting Park adult leader, manager, or coach; and

b) The immediate administration of life-sustaining measures deemed necessary under the circumstances.

Parent's Signature:_____ **Date:**_____

Member Name

_____

Member # _____

My child will be participating in:

- ☐ **Swim Lesson**
- ☐ **Swim Team**
- ☐ **Tennis Lesson**
- ☐ **Tennis Team**

Child's Name:_____ **Date of Birth**_____

1st Parent Name:_____

Home Phone:_____ Cell Phone_____ Work Phone_____

Address:_____ Email:_____

2nd Parent Name:_____

Home Phone:_____ Cell Phone_____ Work Phone_____

Address:_____ Email:_____

Alternative Contacts

Name_____ Phone_____ Relationship_____

Name_____ Phone_____ Relationship_____

Additional Health Information

Allergies: _____ Medications being taken: _____

Physical impairment: _____ Additional info:_____

Date of last tetanus shot: _____

Insurance Information

Policy Holder's Name:_____

Policy Provider:_____ Policy/Group number: _____

Preferred doctor/facility and phone number:_____