

Medical Information & Transportation Consent Form

Name of child _____

Date of birth _____ Gender _____

Swim Team: Green Bronze Gold High School

Parent/ Legal Guardian Information

Parent name _____

Parent contact phone number _____

Email _____

Parent name _____

Parent contact phone number _____

Email _____

List two other contacts in case of emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Authorized person(s) to pick up/ drop off my child(ren):

Name: _____

Name: _____

Medical information:

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

- Is the child allergic to any medication? Yes No _____
- Does the child have any allergies (bee stings, food, etc.) _____

- Does the child suffer from _____ asthma _____ diabetes _____ epilepsy?
If so, indicate the type of medication that is used _____

- Does the child wear contacts or corrective lenses? Yes No
- Medications regularly taken _____
- Permission to administer child's medication (if necessary): YES NO
- Other important information to be known by staff:

As a parent and/ or guardian, I do herewith authorize the City of Westlake Recreation Department to provide for transportation to the nearest hospital for my minor child in the event of a medical emergency while they are participating in the Waves swim program.

Signature _____ Date _____
(parent/ legal guardian)