

# Village Otters Swim Team

## Emergency Medical Release Form

Please accept this form as my authority to treat, in case of emergency, my child(ren) whose names are listed below:

Child's Full Name	Birth Date	Allergies

Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Located at \_\_\_\_\_

If you are unable to contact him/her, please accept this form as authority to use the doctor on call in the emergency room for any necessary medical treatment.

Parent Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Mother's Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Father's Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Insurance \_\_\_\_\_ Group# \_\_\_\_\_

Medical Facility of Choice \_\_\_\_\_

### Emergency Contacts:

1. Name \_\_\_\_\_ Phone# \_\_\_\_\_

2. Name \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date