

Geauga Otter Swim Team
MEDICAL TREATMENT RELEASE / INFORMATION FORM

Swimmer #1 Information:			
Name of Minor(First, Middle, Last):		Birthdate: ___/___/___	Gender:
Minor T-Shirt Size: Youth: SM MED LG Adult: SM MED LG X-LG		USA Swimmer: YES NO Interested	YMCA ID # (on card):
List any allergies, known medical conditions, medications, contract or other pertinent comments:			
Swimmer #2 Information:			
Name of Minor(First, Middle, Last):		Birthdate: ___/___/___	Gender:
Minor T-Shirt Size: Youth: SM MED LG Adult: SM MED LG X-LG		USA Swimmer: YES NO Interested	YMCA ID # (on card):
List any allergies, known medical conditions, medications, contract or other pertinent comments:			
Family Contact Information			
Minor Home Address(Include City and Zip):			
Minor Home Phone: () - - -		Family Contact Email:	
Father Name:	Father Cell: () - - -	Mother Name:	Mother Cell () - - -
Emergency Contact Information(Other Than Parents Listed Above)			
Emergency Contact Name:	Emergency Contact Phone: () - - -	Emergency Contact Cell: () - - -	Relationship to the Minor:
Emergency Contact Name:	Emergency Contact Phone: () - - -	Emergency Contact Cell: () - - -	Relationship to the Minor:
Health Care Information:			
Insured Name:	Insurance Company:	Group #:	Policy/ID #
Physician Name:	Physician Phone: () - - -	Physician Address(Include City and Zip):	

To Whom it May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

I further authorize the person who presents the minor(s) to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: ___/___/___ Signed: _____

Printed Name: _____

Relationship to Minor: _____

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Swimmer #3 Information:		
Name of Minor(First, Middle, Last):	Birthdate: ___/___/___	Gender:
Minor T-Shirt Size: Youth: SM MED LG Adult: SM MED LG X-LG	USA Swimmer: YES NO Interested	YMCA ID # (on card):
List any allergies, known medical conditions, medications, contract or other pertinent comments:		
Swimmer #4 Information:		
Name of Minor(First, Middle, Last):	Birthdate: ___/___/___	Gender:
Minor T-Shirt Size: Youth: SM MED LG Adult: SM MED LG X-LG	USA Swimmer: YES NO Interested	YMCA ID # (on card):
List any allergies, known medical conditions, medications, contract or other pertinent comments:		
Swimmer #5 Information:		
Name of Minor(First, Middle, Last):	Birthdate: ___/___/___	Gender:
Minor T-Shirt Size: Youth: SM MED LG Adult: SM MED LG X-LG	USA Swimmer: YES NO Interested	YMCA ID # (on card):
List any allergies, known medical conditions, medications, contract or other pertinent comments:		

To Whom it May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

I further authorize the person who presents the minor(s) to sign the Acknowledgement of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: ___/___/___ Signed: _____

Printed Name: _____

Relationship to Minor: _____