



Whitehall Waves Medical Release Form

Child's Name(s) _____ Childs Age(s) _____

Address _____

Home Phone Number _____

Phone # where you can be reached during practice _____

Alternate phone number: _____

Preferred Hospital _____ Phone _____

Preferred Doctor _____ Phone _____

Preferred Dentist _____ Phone _____

Insurance Name _____ Policy # _____

Name of Insured _____

Are there any allergies or medical conditions of which we should be aware? _____

In the event that this/these child/children should become seriously ill or injured while at swimming practice and require prompt emergency care, and if we cannot locate you, the parent(s)/guardian, do we have your permissions to secure medical attention for him/her from the above named sources without involving the Whitehall Waves, Whitehall Township, Whitehall-Coplay School District, any coaches, or Whitehall Waves board member(s) in any financial obligation?

Circle One: Yes No

Print Parent/Guardian's Name _____

Parent/Guardian's Signature _____

Date _____