

Medical Release Form  
South Dearborn Swimming  
Winter 2008/09

Name of Swimmer(s): \_\_\_\_\_ Date: \_\_\_\_\_

Parental Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmer of South Dearborn Swimming. If the swimmer is 18 years of age or older, the swimmer must **also** sign this form.

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF,  
\_\_\_\_\_ (NAME OF THE SWIMMER) IS IN GOOD PHYSICAL  
CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE  
PROGRAM. IN CASE OF INJURY, I HEREBY GIVE SOUTH DEARBORN SWIMMING AND IT'S  
COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT  
FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT  
THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE  
ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED  
NECESSARY. I ABSOLVE SOUTH DEARBORN SWIMMING AND IT'S COACHING STAFF FROM  
ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD

\_\_\_\_\_  
Participant Signature (if over the age of 18)

\_\_\_\_\_  
Parent/Guardian Signature:

\_\_\_\_\_  
Home Phone:

\_\_\_\_\_  
Parents Daytime Phone:

If parents are not available, please call the person designated below:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc.....which may  
be needed in rendering medical treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Insurance Information:

\_\_\_\_\_  
Company Name:

\_\_\_\_\_  
Policy #:

\_\_\_\_\_