

Suburban Swim League

Medical Insurance Form

Name of Parent/Guardian: _____ Telephone: _____

Name of Doctor: _____ Telephone: _____

Medical Restriction: _____ (if yes, attach details)

Date of last tetanus shot: _____

Emergency Contact: _____ Telephone: _____

Health Insurance

Company: _____

Name of Insured: _____

Policy#: _____ Group#: _____

Medical Release

If I cannot be contacted in the event of an injury to, or the sickness of, my child during practice or a swim meet, I hereby give my permission for the coach or their designee to administer first aid or obtain medical attention from a doctor or emergency center.

Signed: _____

Printed Name: _____

Date: _____