

Lily Flagg Swim Team Medical Release Form

Swimmer Information:

Full name: _____

Allergies: _____

Other medical problems: _____

Full name: _____

Allergies: _____

Other medical problems: _____

Full name: _____

Allergies: _____

Other medical problems: _____

Full name: _____

Allergies: _____

Other medical problems: _____

Full name: _____

Allergies: _____

Other medical problems: _____

Parents' Names: _____ Phone: _____

In case of emergency call: _____ Phone: _____

In case of emergency call: _____ Phone: _____

In case of emergency call: _____ Phone: _____

Doctor's Name: _____ Phone: _____

I give my permission for my child/children to receive medical care in an emergency in the event I cannot be reached.

Sign: _____ Date: _____

