

2010 MEDICAL INFORMATION, EMERGENCY RELEASE/MEDICAL TREATMENT AUTHORIZATION AND CERTIFICATION/WAIVER FORM

It is important for parents and/or guardians to complete this form to provide necessary information for medical emergencies. In requiring this information, the Sideburn Run Sharks Swim and Dive Team has the participant's best interest in mind. The information provided will only be retained for the duration of the current season and will only be made available to coaches, staff, and emergency care providers on an as needed basis. Please complete this form and provide all the requested information. Finally, sign both the Emergency Release/Medical Treatment Authorization and Certification/Waiver portion of the form.

I. EMERGENCY CONTACT INFORMATION

Participant's Full Name(s) and Date(s) of Birth:	Parent/Guardian Name(s) and Home Phone:
Address:	Mother Work Phone:
City, State, Zip:	Mother Cell:
Other Emergency Contact and Phone:	Father Work Phone:
Sideburn Run Membership #:	Father Cell:

II. HEALTH INSURANCE INFORMATION

Carrier:	ID/Policy Number:
Policyholder's Name:	Group Number:
Preferred Medical Doctor/Facility:	Phone:

III. IMPORTANT MEDICAL INFORMATION

Please list in detail any medical problems that may affect the participant's ability to engage in physical activity. In particular, identify any allergies, asthmatic conditions or other episodic illnesses. Please also list any prescription medication currently taken.

Name:
Name:
Name:

IV. EMERGENCY RELEASE/MEDICAL TREATMENT AUTHORIZATION

In case of an accident or medical emergency when I (we) cannot be reached at the above contact, I (we) authorize the SRRA staff or administering volunteers to obtain medical treatment for my child(ren).

Parent/Guardian Signature:

Date:

V. CERTIFICATION/WAIVER

I certify that my child is in good health and able to participate in the program activities of the Sideburn Run Swim and Dive Team. I hereby agree to hold the Sideburn Run Recreation Association, their officers, agents and employees free from any and all liability, claims, judgment, demands or damages as occurring as a result of their participation in planned activities and programs sponsored by the Sideburn Run Swim and Dive Team.

Parent /Guardian Signature:

Date: