

**PSSC Medical Information & Release Form**

I Hereby release the Puget Sound Swim Club (PSSC), it's officers, coaches and/or representatives from any liability which may arise out of my child's participation in any of said club's activities, games, practices or transportation to or from such events, and to hold said team and club, it's officers, coaches, and/or representatives harmless from any expense or claim for damages which may be incurred on behalf of such child for any injury or accident which may occur in connection with such child's participation herein.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE REQUIRED REQUIRED

**Consent for Medical Care and Treatment of a Minor**

I, \_\_\_\_\_, the natural parent/legal guardian of \_\_\_\_\_, authorize and consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE REQUIRED REQUIRED

**Athlete's Medical Information**

Regular Medications: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Does this child have any specific health problems that the staff should be aware of? (vision or hearing loss, seizures, allergies, etc.) If yes, please explain:

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

Has your child had or currently have any serious medical condition which could influence medical care? If yes, please explain:

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy number: \_\_\_\_\_ Membership number: \_\_\_\_\_

**Office Use Only:**

Treasurer _____	Meet Director _____	Coach File _____
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