

**RSC Barracudas
2011 Medical Information For Swim Team Only**

This form will be kept by the Head Swim Coach together with the team roster, **please fill out and submit one form per swimmer.**

Swimmer: _____ Date of Birth: _____

Parent or Guardian Authorization:

In case of emergency, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. Lifeguard, EMT, First Responder, E.R. Physician)

In case of emergency contact:

| Name | Phone | Relationship to Swimmer |
|------|-------|-------------------------|
|------|-------|-------------------------|

| Name | Phone | Relationship to Swimmer |
|------|-------|-------------------------|
|------|-------|-------------------------|

Please list any allergies/medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

Family Physician: _____ Phone: _____

Address: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date

Photo Release Authorization

_____ I authorize the release of photos of my child/children.

_____ I do not authorize the release of photos of my child/children.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature Date