

EMERGENCY INFORMATION AND MEDICAL RELEASE FORM

I am the parent/guardian of the following children:

I consent for my child(ren) to receive medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by Fox Hunt Swim & Tennis Club and/or the Fox Hunt Splash Swim Team.

Should a medical emergency arise during my child's participation in a Fox Hunt sponsored event, I understand that reasonable efforts will be made to contact me or my designated alternate at the phone numbers listed on this registration form. If I cannot be contacted and it is believed that my child's health will be adversely affected by a delay, I consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical staff attending my child.
2. The immediate administration of life-sustaining measures deemed necessary by the medical staff.

Doctor's Name: _____ Phone No: _____

Medical Insurance Company: _____ Policy No: _____

Allergies or Medical Concerns: _____

If I cannot be reached in an emergency, the following people are authorized to act on my behalf:

Emergency Contacts:

Name: _____ Relationship: _____ Phone: H: _____ C: _____

Name: _____ Relationship: _____ Phone: H: _____ C: _____

Signature of Parent/Guardian: _____ Date: _____