

SHADOW BROOK SWIM CLUB
2018 Medical Release Form for Minors

The California Civil Code, Section 25.8 expressly provides that a parent may authorize an adult into whose custody a child is entrusted to consent to necessary dental and medical treatment. For your child's protection, this form should be completed and on file at the Swim Club.

Mother's Name: _____ Phone #: _____
Father's Name: _____ Phone #: _____
Address: _____
Emergency Contact: _____ Phone: _____
Child's Doctor: _____ Phone: _____
Child's Dentist: _____ Phone: _____
Medical Insurance: _____ Group #: _____

Child's Full Name: _____ Birth Date: _____
Any Medical Allergies: _____
Any Special Medications: _____ Last Tetanus Shot: _____

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Authorization:

I hereby authorize Shadow Brook Swim Club and its employees as agent for the undersigned to consent to any emergency X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general supervision of, any licensed physician or surgeon when a parent or guardian cannot be immediately contacted.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our agent to give specific consent to any and all such emergency diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

SIGNED: _____ Parent/Guardian **DATE:** _____