

**DONNER SWIM CLUB
MEDICAL RELEASE FORM**

This medical release form must be signed by a parent or legal guardian for EACH swimmer of the Donner Swim Club. If the swimmer is 18 years of age or older, the swimmer must also sign this form.

NAME OF SWIMMER: _____ DATE: _____

MEDICAL RELEASE

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____
(NAME OF SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD
IMPAIR PARTICIPATION IN THE PROGRAM.

IN CASE OF INJURY OR OTHER MEDICAL CONDITION, I HEARBY GIVE THE DONNER SWIM CLUB AND ITS STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FOR MY CHILD FROM ANY LICENSED PHYSICIAN, NURSE, HOSPITAL OR CLINIC, OR PERSONS LICENSED IN CPR IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I GIVE PERMISSION TO THOSE ADMINISTERING MEDICAL TREATMENT TO DO SO USING METHODS DEEMED NECESSARY. FURTHERMORE, UNLESS OTHERWISE REVOKED IN WRITING AND FILED WITH THE DONNER BOARD, I GRANT PERMISSION FOR THE DONNER SWIM CLUB AND ITS STAFF TO PROVIDE ANY MEDICAL, PRIVATE OR OTHERWISE, INFORMATION TO A LICENSED CAREGIVER THAT MAY BE NEEDED TO PROPERLY DIAGNOSE AND TREAT MY CHILD. I ABSOLVE DONNER SWIM CLUB AND ITS STAFF FROM ANY AND ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD. UNLESS OTHERWISE REVOKED IN WRITING AND FILED WITH THE DONNER BOARD, THIS PERMISSION IS GRANTED WITHOUT CONDITION AT ANY TIME MY CHILD IS LISTED ON THE CLUB ROSTER.

Parent/Guardian Signature

Swimmer Signature (if 18 years or older)

Home Phone

Work Phone

Cell Phone

If parents are not available, please call the person designated below:

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

Relationship _____

Doctor's Name _____ Phone _____

Medical history, allergies, medications, drug reactions etc. which may be needed in rendering medical treatment:

