



Emergency Information and Medical Release Form

Swimmer's Name: _____ Birthday: ____ / ____ / ____

Street Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____

Allergies: _____

Anything else we need to know about _____



Father's Name _____ Occupation _____

Work Phone: _____ Cell Phone _____

Mother's Name _____ Occupation _____

Work Phone: _____ Cell Phone _____

E-mail Address: _____

Other persons to notify in Case of Emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____



CONSENT & MEDICAL RELEASE FOR NEVADA DESERT MERMAIDS

I understand that my child will participate in various activities. I give permission for _____ to participate in these activities. In case of an emergency, I authorize said adult leader (person must be 21 years of age) to act as my agent and to follow the procedure as listed below, time & situation permitting to make reasonable attempts to contact our named agents or myself. When my agents or I cannot be contacted, the adult leader is to act in our behalf. Time & situation permitting, to contact the following medical doctor or hospital:

Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Insurance Carrier: _____ Phone: _____

I authorize the adult leader to consult for any x-rays, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which are recommended by any licensed physician or surgeon. I understand that incomplete information above could delay my child from receiving needed medical attention _____(initial)

NAME (Print) _____ Date _____

NAME (Signature) _____ Relation _____