

## Medical Release Form

I am the parent, guardian, or custodian of the swimmer named herein, and I consent to medical and surgical treatment during an emergency involving an immediate danger to the health and safety of the swimmer.

I authorize and empower the representatives North Texas Swimming to act on my behalf during an emergency involving an immediate danger to the health and safety of the swimmer and those representatives are authorized to consent to medical and surgical treatment.

I hereby release and agree to hold harmless North Texas Swimming and its representatives from any claims arising from such emergency medical treatment and from any source whatsoever during the period that the swimmer is participating in any trip sponsored or conducted by North Texas Swimming.

Swimmer's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Swimmer's Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Coverage: \_\_\_\_\_

Policy Number: \_\_\_\_\_