



Village of Pemberville

Swim Team Medical Release Form

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the Pemberville Pool lifeguards and/or coaches to act in my behalf in seeking emergency assistance for my child, should such treatment be necessary. I also give permission to those administering emergency treatment to use those measures deemed necessary at the time. I absolve the lifeguards and/or coaches, and emergency personnel from all liability in acting on my behalf in seeking emergency medical treatment for my child.

Name of Child _____ Date of Birth _____

Parent's name _____

Address _____

Contact Phones: _____ Home: _____ Work: _____ Cell: _____

If parent/guardian is unavailable, please call:

Name _____ Relationship _____

Phone Numbers _____

Family Doctor _____ Phone _____

Date of last Tetanus Booster Shot _____

Insurance Company _____

Policy Number _____

Please list any additional information that may be helpful to emergency medical personnel (allergies, drug reaction, physical abilities, etc.)

Signature of parent/guardian _____

Date of Signature ____ / ____ / ____

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Village Use Only

Verification of information updated with no changes: