



# EMERGENCY MEDICAL RELEASE

In case of emergency, I understand that every effort will be made to contact me, the parents/guardians of the swimmer. If I cannot be reached, I hereby authorize emergency care for my child during participation in the DANY Dolphins Swim Team program, if treatment is deemed necessary for injury or illness. I hereby give permission to the attending physician to hospitalize and/or secure proper treatment for my child. I understand that I am financially responsible for any expense for medical care incurred on my child's behalf. I hereby release the DANY Dolphins Swim Team program, the Danville Family YMCA, and its employees from any responsibilities for injuries incurred during my child's participation in the DANY Dolphins Swim Team.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

In the event of an emergency, the persons listed below may be called in the following order:

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

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

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

Allergies: \_\_\_\_\_

Any medications currently prescribed pertinent to swimming (asthma, diabetes, etc.):

\_\_\_\_\_

\_\_\_\_\_

Please describe any medical problem or concern: \_\_\_\_\_

\_\_\_\_\_