

**ALLEGHENY MOUNTAIN SWIMMING  
EMERGENCY CONTACT AND MEDICAL RELEASE**

Swimmer Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Emergency Contact \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Other person to contact if unable to reach parent: \_\_\_\_\_

Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_

Family Physician/Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ ID# \_\_\_\_\_

Medical conditions or food/drug allergies: \_\_\_\_\_

\_\_\_\_\_

**Consent to Treatment:**

By providing the medical information above, I hereby grant permission, in case of injury, to have an athletic trainer, medical doctor, any AMS Zone Team coach or chaperone provide my child with medical assistance and/or treatment.

I, \_\_\_\_\_, being the parent or legal guardian of

\_\_\_\_\_ hereby give my consent for emergency medical and/or surgical treatment of this minor in a licensed hospital/medical facility by a licensed physician should his/her condition so require it in my absence. I understand and that in such a case reasonable attempts would first be made to contact me; time and conditions permitting.

*As long as the medical/surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical, practice, I impose no specific limitations or prohibitions regarding treatment other than those that follow. (If none, then state so.)*

\_\_\_\_\_

\_\_\_\_\_

*My swimmer is taking the following prescribed medication on this schedule: (If none, then state so.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date:

*(This page must be completed and returned with **copy of front and back of insurance card** to the team manager BEFORE boarding the bus. No swimmer will be allowed to leave without this form!)*