



## 2019 ORANGE HUNT SWIM AND TENNIS CLUB

### FAMILY EMERGENCY INFORMATION AND MEDICAL RELEASE FORM

(Please Print)

*Note: One family form per team is required for participation.*

Dad/Guardian (First & Last Name)		Home Phone	Work Phone	Cell Phone
Mom/Guardian (First & Last)		Home Phone	Work Phone	Cell Phone
Emergency Contact (First & Last)	Relationship to Child	Home Phone	Work Phone	Cell Phone
Emergency Contact (First & Last)	Relationship to Child	Home Phone	Work Phone	Cell Phone

PARTICIPANT'S NAME (First & Last)	DOB	CURRENT MEDICATIONS	ALLERGIES/MEDICAL CONDITIONS

Parent/Guardian Insurance Company	Policy Holder (First and Last Name)	Policy Number	Group Number
Doctor's Name		Doctor's Phone Number	

I consent for myself or my child(ren) to receive medical treatment and/or surgical procedures as are deemed necessary in the event of an emergency, and to assume liability for any medical expenses involved. This authorization extends to my child's participation in any activity sponsored by the Orange Hunt Swim & Tennis Club and/or the Orange Hunt Teams (Swim, Dive, or Tennis).

Should a medical emergency arise during my child's participation in a sponsored event, I understand that reasonable efforts will be made to contact me or my emergency contact at the phone numbers listed on this form. If I cannot be contacted and it is believed that my child's health will be adversely affected by a delay, I consent to:

1. The administration of medical treatment and/or surgical procedures deemed necessary by the medical staff attending my child.
2. The immediate administration of life-sustaining measures deemed necessary by the medical staff.

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