

**Austin Aquatic League
Balcones Woods Blue Wave Swim Team
2010 Medical Release**

This is to certify that my son/daughter, _____, has my permission to participate in the Austin Aquatic League/Balcones Woods Blue Wave Swim Team Season 2010. In the event of an emergency, as the parent or legal guardian of the above named minor, I request that in my absence the above named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment. I also give permission to coaches and adults who have care and control of my child during his/her practices and meets to administer first aid to the above named minor.

Date of Child's Birth _____ Date of Last Tetanus Booster _____

Known Allergies of Child (including medication) _____

My child has the following medical problems(s), which should be noted _____

List any medications child takes regularly _____

Family Physician _____ Phone _____

Next of Kin to Notify _____ Phone _____

Close Friend _____ Phone _____

Person responsible for charges _____

Street Address of P.O. Box _____

City _____ State _____ WK# _____ HM# _____

Primary Insurance Carrier _____ Policy# _____

Secondary Insurance Carrier _____ Policy# _____

Hospital Preference _____

Parent/Guardian(s) signatures(s) _____ Printed Name _____

Date _____

****Number where parent/guardian can most likely be reached during practice time:**
