

Stingray Swim Team

EMERGENCY CONTACTS AND PARENTAL PERMISSION FORM

NAME OF SWIMMER _____
BIRTHDATE _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
PHONE _____

Travel dates and destination _____

SPECIFIC PERMISSIONS

I give permission to the adult chaperone named below to give my child over the counter medications as necessary (e.g. Tylenol, antihistamine, etc...)

Parent or guardian signature _____ Date _____

PERSONS TO CONTACT IN CASE OF AN EMERGENCY

Parents' names _____

Parents' Phone numbers _____

If the parents are not available, please tell us who we should contact:

Name: _____

Relationship to youth: _____

Phone: _____

In case the above-named persons cannot be reached, I grant permission to the adult chaperone named below to provide and/or obtain emergency treatment for this youth and to act "In Locus Parentis".

Name of the adult chaperone responsible for my child _____

Signature of adult chaperone _____

Signature of parent / guardian _____ date _____

HEALTH INSURANCE INFORMATION

CARRIER & TYPE ID# _____

POLICY HOLDERS' NAME _____
