

# Los Banos Tiger Sharks Medical Release

Swimmer's Name	M/F	Allergies or medical issues that coaches should be aware of	Last Tetanus Shot MM/DD/YY

\_\_\_\_\_ In case of an emergency, the coach or a board member in charge has permission to seek medical treatment for my child(ren) or give first-aid treatment

\_\_\_\_\_ Do not treat my child(ren)

### Additional Parent & emergency contact information

Parent name: \_\_\_\_\_

Cell: \_\_\_\_\_

Emergency contacts:

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

Cell: \_\_\_\_\_

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

Cell: \_\_\_\_\_

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

Cell: \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_