

HURLBURT SWIMMING LESSON

EMERGENCY MEDICAL INFORMATION

PLEASE PRINT

PARENTS: Please complete the following information:

Child's name _____ Birth Date _____ Age _____

Parent or Guardian _____ Home Phone _____

Address _____ City/State _____ Zip _____

Employer _____ Duty Phone _____

IF NOT AVAILABLE IN AN EMERGENCY PLEASE NOTIFY:

Name _____ Telephone _____

Address _____

Relationship _____

1. Has child had any serious illness, injury, or operation? _____ If yes, gives dates and explanation. _____
2. Will child be taking any medication? _____ If yes, indicate types and effects on child. _____
3. Does child have a physical or mental disability about which the instructor needs to be aware of for instructional modifications or emergency purposes? _____ If yes, please explain _____
4. Is the child allergic to anything? Ex: Ants, bees, etc? _____ If yes, explain what and what remedy they need if affected. _____

RELEASE

I hereby give consent for the above named dependent to engage in the swimming lesson program. I will not hold the instructor or the United States of America, or any of their officers, employees or volunteer staff responsible or liable in any way for the personal injuries that may be sustained by my child as a result of his/her participation in the swimming program conducted at the Hurlburt Field Pool.

Signature _____ Date _____