



# Rockford Aquatic Club 2020 Medical Release

## Athlete Information:

Athlete Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address: \_\_\_\_\_

City/ Zip Code: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

## Medical Information:

Please list any **medications** your child is currently taking, including dosage:

\_\_\_\_\_

\_\_\_\_\_

Please list any **medical concerns** your child is dealing with: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any **allergies** and their treatments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Please attach copies of both sides of your insurance card (even if your athlete has his own copy).

By signing this document, I give permission for any medical treatment of my child while he is traveling and under the supervision of the RAC Coaches during tournament travel.

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Date