



Rockford Aquatic Club 2021 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: _____

Dates of COVID-19 Vaccines: _____

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/ practice and under the supervision of Craig Peterman for the dates of June 21-July 30, 2021.

Parent Signature

Date