



Peachwood Recreation Club Medical Release Form

(Please print clearly)

YEAR

Family Last Name	
Home Address	
City, State, Zip	
Home Phone	
Primary Email Address	

CONTACT INFORMATION			
	Parent/Guardian 1	Parent/Guardian 2	Emergency Contact
Name			
Primary Phone			
Secondary Phone			

CHILDREN'S INFORMATION			
<i>Please include any special medical conditions, food/medicine allergies, medications, significant injuries or any other issues that pool staff and emergency medical personnel should be aware of.</i>			
1. Name _____	Boy / Girl	Age _____	Birthdate: _____
Medical Info: _____			
2. Name _____	Boy / Girl	Age _____	Birthdate: _____
Medical Info: _____			
3. Name _____	Boy / Girl	Age _____	Birthdate: _____
Medical Info: _____			
4. Name _____	Boy / Girl	Age _____	Birthdate: _____
Medical Info: _____			

ADULT INFORMATION	
<i>Please include any special medical conditions, food/medicine allergies, medications, significant injuries or any other issues that pool staff and emergency medical personnel should be aware of:</i>	
Name: _____	Name _____
Medical Info: _____	Medical Info: _____
_____	_____

PHYSICIAN/HOSPITAL INFORMATION		
Physician: _____	Phone: _____	Specialty: _____
Physician: _____	Phone: _____	Specialty: _____
Hospital Preference: _____		

EMERGENCY CONSENT RELEASE		
<i>In case of medical emergency, I give my permission for my child to receive emergency medical treatment as deemed necessary, including transportation and treatment at a hospital or other acute care facility. I certify that the above named individuals are covered by medical insurance. I understand that Peachwood Recreation Club does not maintain any form of medical insurance for club members and their guests. The emergency contact(s) listed above have my permission to authorize transportation for my child(ren) and to give consent or refuse medical treatment until I can be reached.</i>		
Parent/Guardian: X _____	Name: _____	Date: _____
(sign)	(print)	