



MVP Dolphins Swim Team Summer 2010

Emergency Medical Release

(1 per child)

(send to Karen Garlick 1722 Hobart Street, NW Washington, DC 20009)

In the event of a medical emergency, I give permission for all necessary medical attention to be administered to my child _____.

I agree to pay all costs associated with medical care and transportation for my child.

If there is an accident, injury, illness, or other emergency, the people listed below are authorized to act for me in the event I can't be reached. This release is effective until September 1, 2010.

Child's physician (first, middle initial, last)			
Street Address	City	State	Phone

Child's Health Plan	
Policy Number	Policy Holder's Name

Child's Allergies		
food	drugs	environmental

Emergency Contact #1 (first, middle initial, last)		
home phone	office phone	relationship

Emergency Contact #2 (first, middle initial, last)		
home phone	office phone	relationship

Parent or Legal Guardian (print)

Parent or Legal Guardian (signature)

Date