

West Suburban Water Polo

Medical Release Form

I give permission for medical treatment for my child _____
during these dates: _____ to _____

Parent Signature _____ Date signed _____

Home phone number _____

Work phone number _____

Cell phone number _____

Other parent phone number _____ describe _____

Emergency phone number _____ relation _____

Emergency phone number _____ relation _____

Please list any medications your child is taking or will have with them:

Please list and describe any allergies _____

Please describe any other pertinent medical history _____

Date of last tetanus shot _____

Please attach copies of both sides of your insurance card.