



MANITOBA MARLINS SWIM CLUB
YEAR 2009-2010

The Board of Directors has approved a policy stating that a completed Medical Release Form must be provided for each swimmer. This form will remain on file for the current swim year. Please inform the Manitoba Marlins Swim Club if there are any changes during the year.

MEDICAL TREATMENT RELEASE FORM

We, the undersigned parent(s) / guardian(s) of the minor listed below do hereby authorize any coach or chaperones of the Manitoba Marlins Swim Club, into whose care the minor has been entrusted, as an agent for the undersigned to consent to any medical, or surgical diagnosis or treatment and hospital care which deemed advisable by, and is to be rendered under the general or special supervision of any physician licensed by the appropriate governing body in the jurisdiction in which treatment is sought.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. It is given to provide authority and power on the part of our aforementioned agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgement may be deemed advisable.

Minor's Name: _____ Birthdate: (d/m/y) _____

Manitoba Medical Number (9 digit): _____

Allergies: _____

Dietary Restrictions: _____

Medical Conditions or Concerns: (Epipen/Inhaler)

Emergency Contact: _____ Phone Number: _____

Dr.'s Name: _____ Phone Number: _____

Signature(s) (Parent/Guardian) _____

_____ Date: _____