CORONADO AQUATICS CLUB

PARTICIPANT MEDICAL RELEASE GENERAL

ATHLETE INFORMATION:

ATHLETE'S LAST NAME:	ATHLETE'S AGE:
FIRST NAME:	DATE OF BIRTH:
MIDDLE INITIAL:	ATHLETE'S SOC. SEC. #
ADDRESS:	PHONE:
CITY & ZIP:	ADDITIONAL PHONE:
FATHER'S NAME:	MOTHER'S NAME:
HOME PHONE (IF DIFFERENT):	HOME PHONE (IF DIFFERENT):
WORK PHONE:	WORK PHONE:
CELL PHONE:	CELL PHONE:

ATHLETE'S EMERGENCY CONTACT:

RELATIONSHIP:	EMERGENCY PHONE:

MEDICAL / INSURANCE INFORMATION:

FAMILY PHYSICIAN:	PHYSICIAN PHONE:

MEDICAL ALERTS:

___ASTHMA / INHALER	___BEE STINGS / STINGRAYS
___FOOD / ENVIRONMENTAL ALLERGIES	___DRUG ALLERGIES
___OTHERS:	

DATE OF LAST TETNUS SHOT / BOOSTER:

INSURANCE INFORMATION:

INSURANCE COMPANY:	INSURANCE POLICY NO.:
POLICY HOLDER'S NAME:	GROUP NO.:
IS THIS AN HMO? ___YES ___NO	PAY FOR PRESCRIPTIONS? ___YES ___NO

PARENTS' / GUARDIANS' CONSENT STATEMENT:

By my signature and in my absence, I authorize and hereby grant permission to any Coronado Aquatics Club coach or administrator and / or any hospital as agent(s) for the undersigned to consent, in advance of any specific diagnosis, to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care that is deemed advisable by, and is rendered under the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California and shall remain in effect, unless sooner revoked in writing delivered to said agent(s) until the end of the current school year.

PARENT / GUARDIAN SIGNATURE: **X**	DATE: