



Medical Release

This form must be completed by a parent or legal guardian of any child attending Triangle Pool.

I, _____
(Parent or Legal Guardian Name – PLEASE PRINT)

authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a treating physician for the following child(ren):

Child Name: _____
Birth date: _____
Allergies: _____
Chronic Illness: _____
Medications: _____

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As the parent/legal guardian of the child(ren) named above, I hereby give consent for emergency medical or dental care. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my child.

Signature *Date*



Emergency Contact Numbers

_____ Name	_____ Home	_____ Work	_____ Cell
_____ Name	_____ Home	_____ Work	_____ Cell