



**MEDICAL TREATMENT RELEASE FORM**

To ensure the proper care of each swimmer in the event of a medical situation, a

**Medical Form** must be completed for each swimmer prior to registration with the Club. Parents are responsible for ensuring that the information on the Medical Form is kept up-to-date throughout the year, and that the Group and Head Coach are advised of any changes to the health status of the swimmer. Please refer to the Health, Travel, and Illness & Injury policies on the Marlins website for additional information.

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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.

Swimmer's Name: \_\_\_\_\_ Birthdate: (d/m/y) \_\_\_\_\_

Manitoba Medical Number (9 digit): \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Medical Conditions or Concerns:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dr.'s Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature(s) (Parent/Guardian) \_\_\_\_\_

Date: \_\_\_\_\_

