

**NORTHSIDE INDEPENDENT SCHOOL DISTRICT**  
**Northside Aquatic Teams**  
**Medical Information & Emergency Release Form**

NAME OF SWIMMER: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

Please list any pertinent health of medical information and instructions or special problems such as allergies, drug allergies, asthma and any prescriptions that would be useful for an emergency situation: \_\_\_\_\_

**I (we) hereby give our permission** for the child named above to participate in practice and travel with the Northside Aquatic Teams to local and out-of-town meets. Although I expect all reasonable safety procedures to be followed, I will not hold the coaches of NISD nor any chaperone or volunteer working with or traveling with the group personally liable for any accident that may occur.

In case of minor emergency (cuts, scratches, headache, etc.), I (we) give permission to the coaches or chaperones to treat these as they deem necessary. In the event of a more serious emergency, I give permission for it to be handled in the best manner as determined by the chaperones or coaches of NISD until I can be contacted.

**To the attending physician or hospital:**

Permission is hereby granted for you at the discretion of the coaches or chaperone of NISD to perform whatever care is necessary for the welfare of my child until such time as you are able to reach me personally.

**Mother Contact Information:**

Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Office #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Father Contact Info:**

Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Office #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**Other Emergency Contact(s):**

1) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Insurance Information:**

Subscriber's Name (parent/guardian): \_\_\_\_\_

Insurance Company: \_\_\_\_\_

ID #: \_\_\_\_\_

Insurance authorization phone number: \_\_\_\_\_

Name of Doctor/Physician: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Group #: \_\_\_\_\_

Phone #: \_\_\_\_\_

I (we) hereby agree that ALL above stated information is correct.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date