

**BAHAMAS SWIMMING FEDERATION
NATIONAL TEAM MEDICAL RELEASE FORM**

I HEREBY GIVE THE BAHAMAS SWIMMING FEDERATION,
INCLUDING THE COACH, TEAM MANAGER AND/OR CHAPERONE
PERMISSION TO AUTHORIZE ANY EMERGENCY MEDICAL OR SURGICAL
TREATMENT FOR MY CHILD _____

MY CHILD MAY BE GIVEN ANY PRESCRIPTION DRUGS EXCEPT THOSE LISTED
BELOW.

Signed by Parent or Guardian

Date

Mother's Telephone Nos.: _____ (w) _____ (h) _____ (c)

Father's Telephone Nos.: _____ (w) _____ (h) _____ (c)

**PLEASE NOTE ANY ALLERGIES TO PRESCRIPTION DRUGS OR OTHER
SPECIAL REQUIREMENTS HERE:**

