

Recvd

Last Name

RIDGELAND FOREST MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name)
hereby give permission for any and all medical attention to be administered
to my child/children:

1. _____
2. _____
3. _____
4. _____

In the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____

CITY: _____ PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

In case I cannot be reached, any of the following persons are designated to act on my behalf:

- Any lifeguard employed by Ridgeland Forest Swim and Racquet Club
- Any current Board Member of Ridgeland Forest Swim and Racquet Club

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

SIGNATURE (PARENT/GUARDIAN) _____

DATE _____