

## **Emergency Medical Form**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone Number: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_

Email Address: \_\_\_\_\_

I would prefer to receive information via: ☐ Phone/Text ☐ Email

Medical Conditions/Allergies: \_\_\_\_\_

(you may also list learning disabilities we could adjust to if you feel it would be beneficial for your child)

### **Contact person in case of an emergency (other than parent):**

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

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

In the event of an emergency, please state Doctor and hospital preference

\_\_\_\_\_

### **Liability Waiver:**

I understand that all reasonable safety precautions are taken by the Granton School District and its employees in the operation of its facility, equipment, and programs. However, participants and parents of children must recognize and accept that there are inherent risks when choosing to participate in any pool programs; risks that could cause sickness, injury, or death. I agree that my child's participation in the Granton Summer Swimming Program shall be undertaken at his/her sole risk, and that Granton School District, its employees, and volunteers shall not be liable for any claims, injuries, damages, losses, or wrongful death.

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

\_\_\_\_\_  
Date