

# Parental Consent Form for Community Swim Meet

## Participant Information

Child's Full Name

Date of Birth

Age

Address

Emergency Contact Name

Emergency Contact Phone

Relationship to Participant

## Medical Information

Allergies / Medical Conditions

Current Medications

Family Physician Name

Family Physician Phone

## Consent & Acknowledgements

I, the undersigned parent/guardian, hereby give consent for my child to participate in the Community Swim Meet. In the event of an emergency, I authorize the organizers to obtain any necessary medical treatment for

my child.

Signature of Parent/Guardian

Date