

# Emergency / Medical Release Form

Class Date \_\_\_\_\_ Church tithe to \_\_\_\_\_ Barter/Scholarship \_\_\_\_\_

Name 1<sup>st</sup> Child: \_\_\_\_\_ age: \_\_\_\_\_ Home# \_\_\_\_\_ Cell#: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_ age: \_\_\_\_\_; 3<sup>rd</sup> Child: \_\_\_\_\_ age: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ FAX #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

Occupation: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Babysitter/Guardian/Parent I can release the child to for pick up:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

Whom to notify in an emergency:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone#: \_\_\_\_\_

Important Medical History & Allergies:

1<sup>st</sup> Child: \_\_\_\_\_

2<sup>nd</sup> Child: \_\_\_\_\_

3<sup>rd</sup> Child: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_ Dentist: \_\_\_\_\_ Phone#: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

(If no choice of hospital – EMS will, when necessary, transport to the nearest appropriate facility if necessary.)

I give permission for my (daughter/ son/ self) to receive First Aid by the swim teacher and if necessary to be treated and or transported by Kendall County EMS to an appropriate facility.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant my permission for \_\_\_\_\_ to participate in a Red Cross Swim Lessons at Carol Praetorius 'house. I understand that the act of swimming may be dangerous.

I hereby grant my permission for \_\_\_\_\_ to be photographed for the swim lessons website.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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**SWIM LESSON FEES ARE NOT REFUNDABLE UNDER ANY CIRCUMSTANCES!!! Questions 210-884-0321**

## Make-up Lesson Policy:

No make-up lessons for 1 day missed. Make- up lessons (2 days or more) for extended illness with a Dr's note, or death in the family. I will reschedule lessons for the first available opening, plus a \$10 rescheduling fee will be owed. Due to bad weather the teacher will call off lessons & set up free make-up lesson(s). Makeup day(s) held on Fridays.

**I understand and agree to this Make-up Lesson Policy.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

***Please remember to put sun screen on 15 mins. Prior to class and to put swimmers ear drops into your child's ear after each lesson to prevent swimmers ear! Per Red Cross Standards: don't bring babies with diarrhea for lessons, this is for the safety of everyone. Thank you for your cooperation. Return form to: Ms. Carol Capes, 8 Coughran Road, Boerne, TX, 78006***