



MEDICAL RELEASE FORM

Full Name

First _____ Last _____ Age _____

Contact

Phone _____ Email _____

Emergency Contact

First Name _____ Last Name _____

Phone _____ Emergency Contact Relation (e.g. Spouse, Child, Friend) _____

Do you have any of the following?

Diabetes YES NO **Take insulin?** YES NO **Other medications?** YES NO

Any allergies? YES NO **Epilepsy** YES NO **Need an EpiPen?** YES NO

Heart condition YES NO **Asthma** YES NO

Have you been under a doctors care in the last 12 months? YES NO

Date of last Tetanus shot _____

Any other health conditions we should know about?

Fitness
Excellent
Good
Fair
Poor

Swimming Ability
Excellent
Good
Fair
Poor

Do you get cold easily?
Yes
No

Date _____ Signature _____ Guardian's Signature if under 19 years old _____