

Wayland Swim and Tennis Club, KidZone Medical Emergency Form

Child's Name _____

Parent/Guardian Information:

Names _____

Address _____

Home Phone Number _____

Work Phone Number(s) _____

Cell Phone Number(s) _____

Email Address _____

Names of 3 persons who may be called or to whom your child may be released in case you cannot be reached:

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Name _____ Phone(s) _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

Describe any accident, operations or serious illness in the past year:

Describe any known allergies: _____

Describe other medical concerns which may require attention: _____

Has your child ever been bitten or stung by an insect that caused an unusual reaction?

YES () NO (). If YES, what type of insect? _____. Describe the reaction (breathing difficulty, swelling/size, hives, etc.) _____

Ambulance will transport children in an emergency to the following hospitals: Emerson, Leonard Morse, Framingham Union and Newton-Wellesley. In an extreme emergency, the nearest hospital will be chosen by the EMTs. From these hospitals listed above, please indicate your preference: _____

I realize that participation in the aforesaid program involves some risk of personal injury; therefore I hereby release and covenant to hold harmless the Wayland Swim and Tennis Club and their respective agents, contractors and employees of and from any and all actions, claims and damages for personal injuries and disabilities that I or my child may have sustained and may have incurred as a result of participation in your program.

Signature _____ Date _____