



Form CR14.2 (C)

**BAHAMAS SWIMMING FEDERATION  
NATIONAL TEAM MEDICAL RELEASE FORM**

I HEREBY GIVE THE BAHAMAS SWIMMING FEDERATION,  
INCLUDING THE COACH, TEAM MANAGER AND/OR CHAPERONE  
PERMISSION TO AUTHORIZE ANY EMERGENCY MEDICAL OR SURGICAL  
TREATMENT FOR MY CHILD \_\_\_\_\_

**MY CHILD MAY BE GIVEN ANY PRESCRIPTION DRUGS EXCEPT THOSE LISTED BELOW.**

\_\_\_\_\_  
Signed by Parent or Guardian

\_\_\_\_\_  
Date

Mother's Telephone Nos.: \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c)

Father's Telephone Nos.: \_\_\_\_\_ (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c)

**PLEASE NOTE ANY ALLERGIES TO PRESCRIPTION DRUGS OR OTHER SPECIAL  
REQUIREMENTS HERE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_