



**BAHAMAS AQUATICS 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:**