

Medical Release

I hereby grant the Coaches or other McPherson Swim Club Representative, permission to provide First Aid Treatment to my child _____.

I further grant permission for professional treatment for said child from a licensed physician or hospital and said licensed physician or hospital to give emergency or other treatment deemed necessary to said child. I will also be responsible for any and all expenses incurred.

I further indemnify and hold harmless the McPherson Swim Club, coaches and other McPherson Swim Club representatives from any and all claims resulting from said treatment.

Please list all known medical allergies:

Parent or guardian

This instrument was acknowledged before me on this _____ day of _____, 20_____

State of Kansas:

County of McPherson:

Notary Public Appointment expires: _____