



2022 Team Medical Release Form

Name and age of Team Member

_____	_____
_____	_____
_____	_____

Family Physician and Phone Number

\_\_\_\_\_

Preferred Dentist and Phone Number

\_\_\_\_\_

Insurance/Name of Insured/Policy Number

\_\_\_\_\_

Pertinent health information: (Medications, allergies, chronic illnesses)

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

I Give Permission for a representative from Forest Hills Swim and Tennis Club to transport and initiate medical treatment for my child(ren), \_\_\_\_\_  
to \_\_\_\_\_, or the nearest medical facility in event of an injury/illness and I cannot be reached.

Signature and date: \_\_\_\_\_

