

Ridgewood Pool, Inc.
EMERGENCY MEDICAL TREATMENT RELEASE FORM

Each family must return this form before access to the Pool will be allowed.

Family Last Name: _____ Home Phone: _____

Parent/Guardian First Names: _____ and _____

Daytime/Work/Cell Phones: _____ and _____

Places of Employment: _____ and _____

Name of Minor Child	Birthdate	Relationship	Medical allergies, chronic illnesses/other conditions
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent/Legal Guardian signature required

Date

By completing and signing this form, I authorize the treatment, by a licensed physician, of the above minor(s) in the event of any medical emergency which, in the opinion of the attending physician, may endanger the minor's life, or cause disfigurement, physical impairment, or undue discomfort if delayed. The authority is granted if the injury is threatening or after a reasonable effort has been made to reach a parent or guardian listed above.

Physician's Name: _____ Phone: _____

Clinic/Group: _____

Other contact, in case parent/guardian cannot be reached:

Name: _____ Phone: _____