

Greenwyche Club, Inc. 2017 Health Form

Member's Full Name _____
Address: _____ Home Phone: _____
Mother's Name _____ Work Number _____ Cell _____
Father's Name _____ Work Number _____ Cell _____
Other Phone Numbers _____ Email Address(es) _____
In Case of Emergency (other than parent) _____

CHILDREN'S INFORMATION

1. Name _____ Age _____ Sex _____
Please list any medical problems, chronic illnesses, allergies, etc.

Date of last tetanus shot _____
2. Name _____ Age _____ Sex _____
Please list any medical problems, chronic illnesses, allergies, etc.

Date of last tetanus shot _____
3. Name _____ Age _____ Sex _____
Please list any medical problems, chronic illnesses, allergies, etc.

Date of last tetanus shot _____
4. Name _____ Age _____ Sex _____
Please list any medical problems, chronic illnesses, allergies, etc.

Date of last tetanus shot _____

Please list additional information on back.

Release for treatment at Huntsville Hospital

I give my permission for the staff at Greenwyche Club, Inc. to seek medical treatment for my child if he/she becomes injured or ill while at Greenwyche. I understand that my child will be taken by car or ambulance to Huntsville Hospital Emergency Room for appropriate treatment as directed by the emergency room physician.

Signed _____ Date _____
Parent of Minor

My child(ren)

_____ age 8 and older is (are) capable of swimming the length of the pool and is (are) able to be left unaccompanied by a parent at the pool. I/We understand that the child(ren) understand and will abide by the rules of the pool as stated in the pool rules. I/we can be reached at these numbers (listed above). We would like to make sure the parent realizes the responsibility of leaving