Murraywood Swim & Racquet Club, Inc.

Columbia, SC

Medical Emergency Form

In the event my child, _____, should need emergency medical treatment and I am unable to be contacted, I here by give my permission for such emergency treatment deemed medically necessary to be administered and further understand that any bills incurred for this treatment will be my responsibility.

Signed_____

Date _____

Emergency Phone Number(s) _____

Please describe any medical conditions, prescriptions, or allergies that emergency personnel should know about your child: