



P.O. Box 13 W Chelmsford, MA 01824
www.russellmill.com

Emergency Information & Release

Parent (or guardian) Information:

Name: _____ Email: _____

Mobile Phone: _____ Work Phone: _____

Allergies: _____ Medications / Epi-Pen: _____

Circle all that apply: Asthma Seizures Diabetes Heart Condition Other _____

Spouse: _____ Email: _____

Mobile Phone: _____ Work Phone: _____

Allergies: _____ Medications / Epi-Pen: _____

Circle all that apply: Asthma Seizures Diabetes Heart Condition Other _____

Children Information:

Child #1: _____

Allergies: _____ Medications / Epi-Pen: _____

Circle all that apply: Asthma Seizures Diabetes Heart Condition Other _____

Child #2: _____

Allergies: _____ Medications / Epi-Pen: _____

Circle all that apply: Asthma Seizures Diabetes Heart Condition Other _____

Child #3: _____

Allergies: _____ Medications / Epi-Pen: _____

Circle all that apply: Asthma Seizures Diabetes Heart Condition Other _____

Child #4: _____

Allergies: _____ Medications / Epi-Pen: _____

Circle all that apply: Asthma Seizures Diabetes Heart Condition Other _____

In case parents can't be reached please list alternate contacts:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

In case emergency medical treatment is necessary, I hereby authorize a representative of Russell Mill Swim and Tennis Club to seek treatment for the above listed members.

Signature _____