

BSC EMERGENCY/MEDICAL INFORMATION

Swimmer's First Name: _____ Last Name: _____

Parent/Guardian: _____ Age Group: _____

Home Phone (____) _____ - _____

Mother Work (____) _____ - _____ Mother Cell (____) _____ - _____

Father Work (____) _____ - _____ Father Cell (____) _____ - _____

If parents are not available in case of emergency, please notify:

Name: _____ Phone (____) _____ - _____ Relationship: _____

Ph #2 (____) _____ - _____

Name: _____ Phone (____) _____ - _____ Relationship: _____

Ph #2 (____) _____ - _____

Medical Information: (List any medical information about your child that you want the coaches to know)

1. Pre-existing medical conditions (asthma, diabetes, allergies): _____
2. Medications to be available on deck: _____
3. Physician's name: _____ Phone # (____) _____ - _____
4. Other pertinent information: _____

Health Insurance Company: _____ Policy #: _____

PARENT RESPONSIBILITY:

I understand that the coaches are responsible for the safety of the swimmers only when the swimmers are on the deck.

I am responsible for my swimmer before and immediately following practice or meets. I must be available to supervise my swimmer while in the locker rooms, halls, lobby, and parking lot area. I will instruct my child not to leave the immediate pool area while he/she is waiting for me to arrive. I will arrive promptly.

I will be available, prompt, and vigilant of the safety and well-being of my swimmer during all practices and meets. I will review with my swimmer a safety plan for any unexpected circumstances.

Parent/Guardian Signature: _____ Date: ____ / ____ / ____