

NEW SOUTH SWIMMING

EMERGENCY INFORMATION FORM

Parents/Guardians: Please complete a separate form for EACH swimmer.

**SWIMMER'S
NAME:**

_____ (Last) _____ (First) _____ (Middle)

NICKNAME: _____

ADDRESS:

_____ Street

_____ City, State _____ Zip

HOME PHONE NUMBER: _____

PREFERRED EMAIL _____

MOTHER'S OCCUPATION AND WORK PLACE:

Work Phone _____ Cell Phone _____

FATHER'S OCCUPATION AND WORK PLACE: _____

Work Phone _____ Cell Phone _____

Is the swimmer in good health? Yes _____ No _____

Does the swimmer have a condition that the staff should be aware of? Yes _____ No _____

If yes, please describe below: _____

Is swimmer allergic to any medication? Yes _____ No _____

If yes, please describe below: _____

Date of last Tetanus immunization: _____

Swimmer's Primary Doctor: _____

Name

Phone

Swimmer's Dentist: _____

Name

Phone

Please indicate persons other than yourself that the staff may contact in an emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____