

MEDICAL & EMERGENCY INFORMATION

General Information

Swimmer's Name: _____		
Last	First	M.
Physical Address: _____		
Street	City	Zip
Father: _____	Mother: _____	
Phone (home): () _____	Phone (home): () _____	
Phone (work): () _____	Phone (work): () _____	
Phone (cell): () _____	Phone (cell): () _____	
If my child needs to go home because of illness or accident and I cannot be reached, please call:		
Name: _____	Phone: () _____	

Medical Information

Is your child taking any medication? (Insulin, sedative, tranquilizer, or anti-convulsive drug) _____		
If yes, please explain: _____		
Does your child have a significant health problem? (Heart disease, diabetes, allergies, asthma, or convulsive disorder) _____ If yes, please explain: _____		
List all medical and non-medical allergies of your child (penicillin, bee sting, strawberries): _____		

If necessary, what specific action should be taken? _____		

IN AN EMERGENCY , if the Coach is unable to reach me, I hereby give my consent for treatment to be given by:		
Doctor: _____		
Last	First	M.
Address: _____		
Street	City	Zip
Phone: () _____		
Dentist: _____		
Last	First	M.
Address: _____		
Street	City	Zip
Phone: () _____		
Insurance Carrier: _____	Group / I.D. #: _____	
If the doctor/dentist named above cannot be reached, please take my child to the nearest emergency station, by ambulance if required, for treatment. By my signature, I authorize any medical provider to give all necessary medical care.		
Signature of Parent/Guardian: _____	Date: _____	