

**SIERRA NEVADA SWIMMING
HEALTH AND EMERGENCY INFORMATION**

Name _____ Date of birth _____

Last First Initial _____

Address: _____

City _____ State _____ Zip _____ Phone _____

Please indicate action desired in the event of an emergency:

____ In the event of an accident or other emergency, when a parent is unavailable, I hereby authorize a representative of Sierra Nevada Swimming to make such arrangements as he/she considers necessary for my child to receive medical or hospital care including necessary transportation. Under such circumstances, I further authorize the physician below to undertake such care and treatment for my child as he/she considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

____ In the absence of a parent, call neighbor/friend/relative:

Name/Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

____ I do not choose the above statement and desire the following action: _____

____ Physician's Name: _____

Phone _____

Address _____

Insurance Carrier _____

Policy Number/Kaiser Number _____

The undersigned hereby agrees to bear all costs incurred as a result of the foregoing desired action.

Parent/Legal Guardian Signature/Date: _____

MEDICAL HISTORY

____ Please check if there are no known health problems.

****Please check if there is a history of any of the following and explain:

____ Frequent Colds ____ Frequent Sore Throat ____ Sinusitis ____ Convulsions

____ Bronchitis ____ Abscessed Ears ____ Asthma ____ Hyperactivity

____ Stomach Upsets ____ Fainting Spells ____ Diabetes ____ Epilepsy

Penicillin or other drug

reactions: _____

Current

Medications: _____

Other Known

Diseases: _____

Allergies:

Additional

comments/information: _____

******PLEASE NOTE: IF YOUR SWIMMER HAS A HISTORY OF ANY MEDICAL PROBLEM WE WILL NEED A LETTER FROM HIS OR HER PHYSICIAN DETAILING THE EXACT MEDICAL ALIMENT, ANY MEDICATION THAT HE/SHE MAY NEED; AND ANY SPECIAL CARE THAT HE/SHE MAY NEED PRIOR TO LEAVING FOR THE ALL STAR TRIP ON January 25, 2008.**

****** PLEASE ATTACH A PHOTOCOPY OF THE INSURANCE CARD.**