

Renville County Aquatic Club
Medical Information/Emergency Contact

Swimmer Information

Swimmer Name _____ Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Home e-mail _____ Cell Phone _____

Parent/Guardian Information

Parent/Guardian #1 Name _____ Cell Phone _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Preferred Method of Contact _____

Parent/Guardian #2 Name _____ Cell Phone _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Preferred Method of Contact _____

Emergency Contact Name _____ Relationship _____
Home Phone _____ Cell Phone _____

Doctor/Insurance Information

Medical Insurance Provider _____ Policy Number _____
Physician Name _____ Phone _____
Dentist Name _____ Phone _____
Clinic _____ Hospital _____
Prescribed Medications _____
Drug Allergies _____

Medical Concerns

Please circle any of the conditions that apply to your swimmer. Use the space below to fully explain. Describe how our coaching staff should deal with any situations resulting from these conditions. Attach additional sheets if necessary.

- | | | | |
|----------|----------------------|--------------------------|---------------------------|
| Asthma | Soft Tissue Injuries | Muscle/Joint Injuries | Behavioral problems |
| Seizures | Allergies | Hearing/Vision Problems | Head, Neck, Back Injuries |
| Diabetes | Heart Problems | Neurological Conditions | Psychological Problems |
| ADHD | Ear Problems | Neuromuscular Conditions | Drug/Alcohol Problems |

I, the undersigned parent or guardian, hereby give permission for participation in the Renville County Aquatic Club. Renville Country Aquatic Club will attempt to contact parents/guardians in the event that a situation requiring medical attention arises. I give authorization for a representative of Renville County Aquatic Club to seek medical treatment for my child in the event that Renville County Aquatic Club is unable to contact a parent/guardian or the emergency contact listed below

Parent/Guardian Signature _____ Date _____