

# Aqua Club Emergency Contact Information

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Grade \_\_\_\_\_  
Last                      First      MI

Address \_\_\_\_\_  
City                      State      Zip

Home Phone Number \_\_\_\_\_ Lives With \_\_\_\_\_

**Parent/Guardian**

Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Pager \_\_\_\_\_

**Parent/Guardian**

Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Pager \_\_\_\_\_

**Emergency Contacts (Other than Parents): (Please Print)**

Name (First & Last)	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Physician \_\_\_\_\_ Physicians' Phone \_\_\_\_\_

Current Prescription Medications \_\_\_\_\_

Does your child have any allergies? If so, please list \_\_\_\_\_

\_\_\_\_\_

Form Updated on \_\_\_\_\_  
Date

By \_\_\_\_\_  
Name