

MEDICAL EMERGENCY FORM

SWIMMER'S NAME: _____

EMERGENCY CONTACTS

Mother

Home: _____

Cell: _____

Father

Home: _____

Cell: _____

Additional Emergency Contact

Name: _____

Relationship to Swimmer: _____

Home: _____

Cell: _____

INSURANCE INFORMATION

Insurance Carrier: _____

Policy Number: _____

Hospital of choice: _____

MEDICAL INFORMATION

Does your child have any allergies?

Yes No

Please list allergies: _____

Is your child currently taking any medication?

Yes No

Please list medications: _____

Has your child recently had a major illnesses or injury?

Yes No

Please explain: _____

Please explain any physical conditions which may limit your child's training program?

Parent/Guardian

Date