

Emergency Contact and Medical Information for Swimmer

Child's Name _____ Date of Birth _____ M F
Sex

Parent's/Guardian's Name _____

Parent's/Guardian's Name _____

() _____

() _____

() _____

() _____

Home Phone

Work Phone

Home Phone

Work Phone

Cell Phone ()

Cell Phone ()

Address _____

Address _____

City, ST ZIP Code _____

City, ST ZIP Code _____

Alternate Emergency Contacts

Primary Emergency Contact _____

Secondary Emergency Contact _____

() _____

() _____

() _____

() _____

Home Phone

Work Phone

Home Phone

Work Phone

Cell Phone ()

Cell Phone ()

Address _____

Address _____

City, ST ZIP Code _____

City, ST ZIP Code _____

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____

Phone Number _____

Insurance Company _____

Policy Number _____

Allergies/Special Health Considerations _____

In the event that neither a parent/guardian or an alternate contact can be reached in the case of an emergency, I hereby authorize employees or agents of Lakewood Aquatics to seek immediate medical treatment for my child listed above if a medical emergency arises during any practice, meet, or event in which the team participates. I also authorize the attending physician or paramedics to perform any emergency treatment, after consultation with the coach or agent if I cannot be reached.

Parent's/Guardian's Signature _____

Date _____

Parent's/Guardian's Signature _____

Date _____