

MEDICAL FORM

Child's Last Name _____ First _____

Home Address _____

Phone Numbers:

Home _____

Mother's Work _____ Cell _____

Father's Work _____ Cell _____

An Emergency Alternative Contact:

Name: _____ Phone: _____

Relationship to Child: _____

Describe any medications taken and the reason taken:

Describe any health problems:

Doctor's Name _____ Phone _____

Dentist's Name _____ Phone _____

Orthodontist's Name _____ Phone _____

Hospital Preference _____

Insurance Carrier _____ Policy# _____

Policy Holder's Name _____

I hereby give authorization for treatment if either parent or guardian cannot be reached. I understand that I am responsible for any medical charges or emergency response costs incurred if my child requires emergency treatment or transport. I understand that I am responsible for informing the swim club if any of the above information changes.

Signature of Parent or Guardian _____