

MEDICAL INFORMATION AND EMERGENCY CARE

Parent's Name: _____ Insurance Co: _____

Address: _____ Insurance No: _____

Home Phone: _____ Father (work/cell) _____

Mother (work/cell) _____

Emergency Contact: _____ Phone: _____

Name of Family Physician: _____ Phone: _____

Swimmer's Name: _____ Date of Birth: _____

Known Allergies: _____ Surgeries during last 12 mos.: _____

Medications taken on a continuing basis: _____

Under a physician's care on a continuing basis: _____

Swimmer's Name: _____ Date of Birth: _____

Known Allergies: _____ Surgeries during last 12 mos.: _____

Medications taken on a continuing basis: _____

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Known Allergies: _____ Surgeries during last 12 mos.: _____

Medications taken on a continuing basis: _____

Under a physician's care on a continuing basis: _____

I hereby grant my permission, in an emergency, for a representative of the Kingstream Swimteam to take my child to the emergency room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Signature of parent

Date