



Swimmers Medical Information and Parental Consent

Swimmer Names	D.O.B	Health Card Number	Allergies/ Condition (Y/ N)	If yes, describe
1.				
2.				
3.				

Emergency contact : _____ Phone Number: _____

Doctor : _____ Phone Number: _____

This information is used for billeting and chaperone purposes

Childs Name	Describe condition	Medications

In the event of an emergency, I give the coaches or chaperone permission to seek medical attention for my children.

Parent/ Guardian Signature _____ Date: _____