2011 - Woodlands Swim Team Emergency Information

Last name _____ Parents' first names _____ Home Phone _____

Address _____ City/Zip _____

List all swimmers in your family and any allergies, medication or specific health problems:

Swimmer's Name _____ Age _____ Allergies, medications, health problems _____

Swimmer's Name _____ Age _____ Allergies, medications, health problems _____

Swimmer's Name _____ Age _____ Allergies, medications, health problems _____

Swimmer's Name _____ Age _____ Allergies, medications, health problems _____

Where can parents be reached if not at home?

Mother's Employer _____ Mom-work phone _____ Mom-cell phone _____

Father's Employer _____ Dad-work phone _____ Dad-cell phone _____

In the event of emergency, illness, or injury, Woodlands Swim Team is authorized to contact and/or release my swimmer to the following persons:

Name _____ Relationship _____ Home Phone _____ Cell Phone _____

Name _____ Relationship _____ Home Phone _____ Cell Phone _____

Name _____ Relationship _____ Home Phone _____ Cell Phone _____

Physician's Name _____ Telephone _____

Address _____ City/Zip _____

Health Plan Carrier _____ Medical Record Number _____

Dentist's Name _____ Telephone _____

Address _____ City/Zip _____

In the event of emergency, illness, or injury, and the above named physician or dentist is not available, I authorize any coach or member of the Woodlands Swim Team Board of Directors to secure the services of another available physician or dentist.

Parent's or guardian's signature _____ Date _____