



HANFORD SWIM CLUB

Emergency Form

Swimmers Name: _____ DOB: _____

Home Address: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Emergency Contact: _____ Phone: _____

Swimmers Health Information:

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Allergies: _____

Medications: _____

Special Health Conditions: _____

Medical Emergency Permission:

I hereby give permission for Hanford Swim Club staff to give simple First Aid when necessary. In the event of a more serious accident or sudden illness, the Hanford Swim Club staff has my permission to arrange transportation to a hospital or other medical facility to receive emergency medical treatment until I can be contacted.

Signature: _____ Date: _____

Insurance Co: _____ Policy #: _____
