BUFFALO SWIMKINS HEALTH FORM

Swimmers Name:_____

Parents/Guardians Name:_____

Phone #:_____Cell Phone #:_____

Emergency Contact Information

Name:_____

Relation:_____Phone #:_____ Alt. Phone #:_____

Primary Physicians Name:_____

Address:_____

Phone #:_____

Primary Insurance Company:_____ Phone #:_____

Policy Holder Name:_____

Relationship to Child:_____

ID #:_____Policy #:_____

Billing Address:_____

Dentist Name:_____

Address:_____

Phone #:_____

List all known medical conditions:_____

_____

Allergies:_____

Prescription Medication Taken on a Regular Basis:_____

_____

**Please attach any other pertinent information we may need to care for your child while she is under the supervision of coaches and chapterones.