

# The Dolphins Swim Team Emergency Information

Today's Date: \_\_\_\_\_ Male/Female: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medication: \_\_\_\_\_

Medical Ins. Co.: \_\_\_\_\_

Policy # , Group ID: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Emergency Contact (other than parents): \_\_\_\_\_

Telephone: \_\_\_\_\_

In the event of an emergency, and if a parent or designated physician cannot be reached, I authorize The Dolphin Swim Team staff/coach in attendance to administer first aid and obtain the necessary medical services for my child.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_