

Evendale Swim Team Emergency Medical Form

NAME _____ DATE OF BIRTH _____

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PARENT NAME _____

ADDRESS _____ PHONE _____

My child has my permission to participate in the Evendale Swim Team program at Evendale Recreation Center. I understand that the Village of Evendale, Chaperones, Coaches or the Recreation Department will not be responsible for any accidents.

I also authorize emergency medical treatment if I am unable to be reached at the following numbers:

HOME _____ PAGER _____

WORK _____ CELL _____

Below I have listed other people (friends, relatives) who may be contacted if I am unable to be reached.

Contact #1

Contact #2

Name _____ Name _____

Address _____ Address _____

Phone (H) _____ (W) _____ Phone (H) _____ (W) _____

Relationship _____ Relationship _____

HOSPITAL PREFERENCE _____

PHYSICIAN _____ PHONE _____

Please list any allergies or special medical information that should be known if a problem does arise:

Date _____ Signature _____

(Parent's or Legal Guardian's Signature)