

EMERGENCY CONTACT AND CONSENT FORM

Name _____

Emergency Contact _____

Address _____

Phone (____) _____ - _____

Phone (____) _____ - _____

Please cite any medical conditions or medications that you are currently taking. In the event of an emergency, this information will allow medical personnel to make proper decisions. Include allergies.

Medical Condition(s)

Medications and Reasons for Use

1. _____

1. _____

2. _____

2. _____

3. _____

3. _____

Allergies: _____

Swimming Abilities (Check One)

Non-swimmer Weak Fair Strong

Medical Insurance Information:

Participant covered by hospitalization and/or medical care policy? Yes No

Insurance Company Name _____

Policy Number _____

I, the undersigned, give consent to medical treatment.

Participant:

Print Name _____

First

Middle

Last

Signature _____ Date ____/____/____

Witness:

Signature _____ Date ____/____/____