

**NORTHERN DAUPHIN COUNTY YMCA
SWIM TEAM
MEDICAL/EMERGENCY INFORMATION**

The information included on this form is very important to the coaching staff should an emergency arise. This form will be made available to emergency personnel and/or accompany the swimmer to the physician or hospital should the need for immediate emergency care arise. IN ALL CASES we will make every effort to reach the parent/guardian if an emergency should arise.

Swimmer's name: _____

Address: _____

School: _____

Phone #: _____

Birthdate: _____

Parents: (please indicate if parents are separated, with whom swimmer lives.)

Mother: _____ Work No. _____ Cell _____

Father: _____ Work No. _____ Cell _____

Person to contact if parents cannot be reached:

Name _____ Relationship _____

Phone # _____

Hospital Preference _____

Family Doctor _____ Phone No. _____

Family Dentist _____ Phone No. _____

Medications presently taking _____

List any medical or dietary information _____

List any allergies or allergic reactions _____

List any chronic problems _____

Immunization history _____

Date of last tetanus shot _____

Hospitalization history (when, why) _____

In the event of any emergency requiring immediate medical attention, I hereby grant permission to a physician and/or qualified first aid or ambulance personnel to attend to and transport my son/daughter. I expect every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

PARENT'S SIGNATURE _____

Name of Insurance Plan _____

Group number _____

Agreement number _____

Subscriber's Name _____