SWIMMER EMERGENCY INFORMATION

PARTICIPANT INFORMATION - fill out separate forms for each swimmer in a family

Swimmer's Name_____
First Middle Init. Last

Birthdate MM/DD/YY_____ Age _____ Height _____ Weight _____

Address _____ City_____State_____ Zip_____

Home Phone (____) _____

CONTACT INFORMATION

Name _____ Relationship _____

Work Phone (____)_____ Cell Phone (____)_____

Name_____ Relationship _____

Work Phone (____)_____ Cell Phone (____)_____

PERSON TO NOTIFY IN AN EMERGENCY (First phonecall)

Name _____ Phone (____)_____

Family Doctor _____ Phone (____) _____

INSURANCE INFORMATION

Medical Insurance Co._____ Policy Number_____

Name of Insured_____ Group Number_____

SPECIAL INSTRUCTIONS

Known Drug Allergies _____

Known Medical Conditions _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I,_____, in the event that I can not be reached to make
(Print Name of Parent, Guardian, or Adult Swimmer)
arrangements for emergency medical attention, authorize the staff and/or coaches of the Fort Worth Area Swim Team to take my child, _____ to _____
(Print Name of Swimmer) (Print Name of Physician)
or the nearest emergency medical facility. If the named physician is not available, I authorize the staff and coaches to obtain emergency medical attention and treatment for my child at a hospital or clinic of their choice. I give consent to the hospital or clinic, and physicians to render the necessary emergency treatment to my child.

❑ I have disclosed all conditions that may affect the above swimmer's participation in FAST.

Signature_____ Date _____