

Emergency/Health Form

Please fill out one per swimmer. Please print legibly. We will need this form in case of an emergency.

Swimmer's Name: _____ Date of Birth: _____
(Last) (First)
Name of Parent(s)/Guardian(s) living with child: _____
Address: _____ City: _____ Zip: _____
Parents' E-mail Address(es): _____
Emergency Contacts: _____ Phone: _____

Please indicate action desired in the event of an Emergency

Please "X" the number choice you would prefer.

___ 1. In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of CRA to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at the time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physician's Name: _____ Phone #: _____
Insurance Carrier: _____ Policy/Kaiser #: _____

The undersigned hereby agree(s) to bear all costs incurred as a result of the foregoing desired action.

X _____ X _____
(Mother's/Guardian's Signature) (Father's/Guardian's Signature)

___ 2. In the absence of a parent/guardian, call: Name: _____ Phone #: _____

___ 3. I do not choose any of the above and desire the following action: _____

I HEREBY ABSOLVE AND HOLD HARMLESS COSUMNES RIVER AQUATICS, ITS COACHES, BOARD MEMBERS AND PARENT VOLUNTEERS FROM ANY CLAIM FROM DAMAGES WHICH MAY ARISE AS A RESULT OF PARTICIPATION IN SWIM TEAM ACTIVITIES. FURTHERMORE, I HEREBY AUTHORIZE THE ABOVE NAMED PERSONS TO ACT IN THEIR BEST JUDGEMENT, IN AN EMERGENCY, SHOULD EFFORTS TO REACH ME OR THE ABOVE EMERGENCY CONTACTS FAIL.

Name: _____ Date: _____
(Signature) (Print Name)

History

___ Please, check if there are no known health problems.
___ Please, check if there is a history of any of the following:
___ Frequent colds ___ Frequent sore throats ___ Sinusitis ___ Bronchitis
___ Abscessed Ears ___ Asthma ___ Stomach upsets ___ Fainting Spells
___ Diabetes ___ Convulsions ___ Hyperactivity ___ Epilepsy
___ Allergies (list): _____
___ Drug reactions (i.e. Penicillin): _____
___ Other diseases: _____
___ Medications: _____
___ Other Comments: _____