

Emergency Medical Information

(PLEASE COMPLETE ONE HALF PAGE / SWIMMER)

Swimmer's Name _____ Birthdate: _____

Home Phone #: _____

Emergency Contact other than home #:

Name: _____ Work/Cell #1: _____

Relationship: _____ Work/Cell #2: _____

Name: _____ Work/Cell #1: _____

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Existing medical conditions such as allergies, drug reactions, disease, or injuries:

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