

Swim for Fun
Aquatics Program

EMERGENCY CONTACT & MEDICAL FORM

Student's Name _____
Last First

Birthdate _____ Age _____ Sex _____

Parent's/Guardian's Name _____
Mother Father Last

Home Address _____
City Zip

Other Address _____
City Zip

Phone Home _____ Business _____ Other _____

Email Address: _____

Place of Employment _____

Father Phone

Mother Phone

Name and phone number of a close relative or friend with whom we can leave a message:

_____ Name Phone _____

Name of Family Doctor _____

Phone

Does the student have any allergies? _____ If yes to what?

Does the student take any medications? _____ If yes, what?

Does the student have any learning or physical disabilities?

Parent's Signature

Date