

# Cavalier Swim Club Medical and Emergency Information Form

---

## SWIMMER INFORMATION

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Parent/Guardian 1 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

(In case parents/guardians cannot be reached)

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## **MEDICAL INFORMATION**

Physician Name: \_\_\_\_\_

Physician Phone Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Allergies (food, medication, etc.):** \_\_\_\_\_

\_\_\_\_\_

**Medical Conditions (asthma, diabetes, etc.):** \_\_\_\_\_

\_\_\_\_\_

**Medications:** \_\_\_\_\_

\_\_\_\_\_

**Special Instructions/Considerations:** \_\_\_\_\_

\_\_\_\_\_

## **CONSENT AND ACKNOWLEDGMENT**

I, the undersigned, acknowledge that the above information is accurate and complete. I authorize the coaching staff or designated chaperones or Board Members of Cavalier Swim Club to obtain medical treatment for my child in the event of an emergency and agree to bear any costs thereby incurred.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

I, the undersigned, DO NOT authorize the coaching staff or designated chaperones or Board Members of Cavalier Swim Club to obtain medical treatment for my child in the event of an emergency. I would expect these club personnel, mentioned above, to contact the parent or emergency contact in the event of my child becoming involved in an emergency situation.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_

**Privacy Notice:** All information provided will be kept confidential and used solely to ensure the safety and well-being of your child during team activities.