

MPMR – EMERGENCY FORM

PLEASE PRINT ALL DETAILS CLEARLY

Name _____ Birth Date: ____/____/____
Swimmer's Last Name First Name M.I.

Primary Email Address _____ Secondary Email Address _____

Home Address: _____

City: _____ State/Zip: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Father's Occupation _____ Mother's Occupation _____

Employer _____ Employer _____

Address _____ Address _____

Work Phone _____ Work Phone _____

EMERGENCY CONTACT INFORMATION:

(1) Name ; _____ Relationship: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

(2) Name ; _____ Relationship: _____

Address: _____

Home Phone: (____) _____ Cell Phone: (____) _____

INSURANCE INFORMATION:

Insurance Carrier: _____ Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

Phone Number: (____) _____

MEDICAL INFORMATION:

Doctors Name: _____ City/State: _____

Phone Number: (____) _____

I certify that this information is for my child, under age 18.

____ Yes, I grant permission to treat my child in an emergency

____ No, contact me prior to treating my child

In the case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed may be notified in an emergency, as needed.

Parent Signature: _____ Print Name: _____

Emergency Phone Number: (____) _____