



Uncle Sam

Medical Information

Name of Swimmer _____ Birth Date: _____
(Month/Date/Year)

Allergies _____ Last Tetanus _____

Medications currently being taken _____

Ongoing medical conditions, e.g., asthma _____

- Name Parent/Guardians: _____

Home # _____ Cell # _____ Work # _____

- Name Parent/Guardians: _____

Home # _____ Cell # _____ Work # _____

- o If persons named above are not available in the event of an emergency, notify:

Name _____ Relationship _____ Phone # _____

Name of Physician _____ Phone # _____

Address _____

Name of Dentist _____ Phone # _____

Address _____

Health Insurance _____ ID or Contact # _____

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In case of an emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by any coach, officer, or director of the Uncle Sam Swim Team to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. I absolve Uncle Sam Swim Team and its coaching staff from all liability while acting on my behalf in this regard.

Signature of Parent/Guardian _____ Date: _____

Swimmer Signature _____ Date: _____
(if over the age of 18)