Athlete Medical Information Form

Swimmers Name: _____ Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Adult 1's Name: _____ Cell Phone: _____

Adult 2's Name: _____ Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

Adult 1's Employer: _____ Phone: _____

Adult 2's Employer: _____ Phone: _____

Adult 1's Relationship to Athlete:
- ☐ Parent
- ☐ Guardian
- ☐ Grandparent
- ☐ Other: _____

Adult 2's Relationship to Athlete:
- ☐ Parent
- ☐ Guardian
- ☐ Grandparent
- ☐ Other: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies: _____

Medications: _____

Medical or Other Conditions we need to be aware of:

Insurance Company: _____ Policy #: _____ Group #: _____