

**CBST SWIMMER EMERGENCY SHEET**

SWIMMER'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PARENT'S NAMES \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

MOTHER'S PRIMARY PHONE NUMBER \_\_\_\_\_

FATHER'S PRIMARY PHONE NUMBER \_\_\_\_\_

BEST NUMBER TO TEXT \_\_\_\_\_

PRIMARY EMAIL \_\_\_\_\_

**MEDICAL INFORMATION:**

Please note any medical conditions or special health concerns \_\_\_\_\_  
\_\_\_\_\_

If you are taking medication, what kind? - Dosage \_\_\_\_\_  
\_\_\_\_\_

Allergies to medicines/foods \_\_\_\_\_

**EMERGENCY CONTACTS (OTHER THAN PARENT):**

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Relationship to child \_\_\_\_\_

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

Relationship to child \_\_\_\_\_

YOUR PHYSICIAN \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

YOUR DENTIST \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

**INSURANCE INFORMATION:**

Insurance Company \_\_\_\_\_

Certificate# Group # \_\_\_\_\_

**AUTHORIZATION:**

I authorize the team's representative to transport, request and authorize treatment for my son/daughter in the event of an accidental injury or illness. I agree that I will not hold this person liable while he/she is acting according to these directions.

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

Date: \_\_\_\_\_