

# EMERGENCY CONTACT INFORMATION

(We must have this before your child(ren) are in the water for practice!!)

Swimmer(s) Name(s):

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In the event of an emergency contact:

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

Emergency Phone #1: \_\_\_\_\_ Emergency Phone #2: \_\_\_\_\_

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

Emergency Phone #1: \_\_\_\_\_ Emergency Phone #2: \_\_\_\_\_

Please list any serious medical problems/allergies that your child(ren) have:

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## Emergency Care

In the event of an emergency in which I cannot be reached, the nearest physician and hospital are hereby authorized to provide any emergency care deemed necessary for my child. When possible your recommended physician and hospital will be used.

\_\_\_\_\_  
(signature/date)