



2007 LRR Swim Team Emergency Information Form

(A separate form must be filled out for each swimmer)

Personal Information		
Swimmer's Name:	Age:	Sex:
Mother's Name:	Father's Name:	
Street Address:	City, State, Zip:	
Home Phone: ()	Work (Mom): ()	Work (Dad): ()
Other numbers (2nd phone/cell/pager/etc.):		

Emergency Care Information	
Emergency Contact Other Than Parent/Guardian: Name:	Phone: ()
Health Insurance Co.:	Policy #:
Medications:	
Additional Medical Information:	

The Little Rocky Run Swim Team has my permission, in an emergency when I cannot be contacted, to take my child to the Emergency Room of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child.

Parent/Guardian Signature	/ / Date
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