Lloydminster Jr. Rebels Summer Swim Club 2012

Medical Information and Consent Form

Name of Participant: _____ Male ☐ Female ☐

Date of Birth: _____/____/____ Hospitalization # _____
Mo Day Year

Address: _____

_____ Postal Code: _____

Parents/Legal Guardian: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Emergency Contact (if parents cannot be reached, the following can be contacted)

Name : _____ Phone #: _____

Please list any physiological disabilities that warrant disclosure such as diabetes, epilepsy, heart condition, allergies, asthma, knee or shoulder injuries, etc.

_____

_____

Please list any medications taken by the swimmer on a regular basis:

_____

_____

Date: _____ _____
Signature of Parent/Legal Guardian

I/We grant permission for the use of basic first aid and/or Emergency Medical Services if required for my child.

Date: _____ _____
Signature of Parent/Legal Guardian