

**Haines Dolphins Swim Team**  
Emergency Information Form

Athlete's Name \_\_\_\_\_ Age \_\_\_\_\_

Physical address \_\_\_\_\_ Box Number \_\_\_\_\_

Phone/s \_\_\_\_\_

List two persons to contact in case of emergency:

Parent/Guardian's Name \_\_\_\_\_ Hm Phone \_\_\_\_\_

Address \_\_\_\_\_ Wk Phone \_\_\_\_\_

Second Person's Name \_\_\_\_\_ Hm Phone \_\_\_\_\_

Address \_\_\_\_\_ Wk Phone \_\_\_\_\_

Relationship to athlete \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

**IMPORTANT**

Is the athlete allergic to any drugs? \_\_\_\_\_ If so, what? \_\_\_\_\_

Does the athlete have any other allergies? (i.e., bee stings, dust, etc.) \_\_\_\_\_

\_\_\_\_\_

Does the athlete suffer from \_\_\_asthma, \_\_\_diabetes, or \_\_\_epilepsy?

Is the athlete on any medication? \_\_\_\_\_ If so, what? \_\_\_\_\_

Does the athlete wear contacts? \_\_\_\_\_

Other: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_