



**Alaska Swimming Inc.**

**Medical Information Form**

Date \_\_\_\_\_

Name of **Swimmer**: \_\_\_\_\_

**Swimmer's Doctor:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

**Medical Insurance:**

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Employee's Identification Number (e.g., social security number), if this is employer provided insurance \_\_\_\_\_

**Emergency Contact:**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

List all of the allergies to medications, food, animals, or otherwise that Alaska Swimming Inc. should know about

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medical problems, regularly taken medications or other medical history

\_\_\_\_\_  
\_\_\_\_\_

NOTE: IT IS THE PARENT/GUARDIAN'S RESPONSIBILITY TO UPDATE THIS FORM. PLEASE CONTACT THE ZONE MANAGER.