



WOODHAVEN SWIM TEAM



2023 EMERGENCY MEDICAL FORM

Please Print All Of The Following:

Swimmer's Name: _____

Swimmer's Birth Date: _____ **Swimmer's Age:** _____

Allergies: _____

Medications: _____

Family Physician: _____ **Phone:** _____

Dentist: _____ **Phone:** _____

Preferred Hospital: _____ **Phone:** _____

Insurance Company: _____

Responsible Party's Name: _____

Responsible Party's Contact Phone Number: _____

Home Address: _____

Email Address: _____

Parent Signature: _____ **Date:** _____

Check Box To Verify

"I acknowledge that I have received a copy of the CDC Parent Guide To Concussions".