

SaddleBrooke Swim Club Emergency Information Form

Full Name _____ DOB _____ Blood type _____
Address _____ Home phone _____

Medical History/Conditions (Circle those that apply)

Diabetic Heart Disease/past Cardiac surgery High BP Asthma Pulmonary disease

Please identify any other chronic disease _____

Allergies: Please list any food, drug or insect allergies _____

Do you use or carry an EpiPen? _____ Nitroglycerin? _____ Inhaler? _____ Location? _____

Medications/dose:

Insurance _____ # _____

Secondary _____ # _____

Emergency contact _____ relationship _____ Phone number _____

Secondary contact _____ relationship _____ Phone number _____

Physicians:

Name _____ Specialty _____ phone _____ address _____

Name _____ Specialty _____ phone _____ address _____

To maintain privacy, fold this personal information sheet and insert into your clear vinyl ID tag holder with the Saddlebrooke Swim Club logo and your name clearly displayed.

SaddleBrooke Swim Club



Name