

PVS Zone Team Application
Medical and Emergency Contact Information

Swimmer Information

Full Name:

Birth Date:

Parent/Guardian Information

Name:

Email:

Primary Phone:

Secondary Phone:

Type: Home Work Cell

Type: Home Work Cell

Non-Parent Emergency Contact

Name:

Relationship:

Phone:

Name:

Relationship:

Phone:

Medical Insurance Information (a copy of both the front and back of the insurance card must be included)

Medical Coverage Provider:

Subscriber Name:

Policy Number:

Group Number:

List all allergies:

List any medications taken daily:

List any medical conditions or special concerns:

Permission to dispense:

Aspirin

Acetaminophen

Ibuprofen

Yes

No

I, the undersigned parent/guardian, hereby authorize and agree to allow the necessary medical services to be administered to my son/daughter _____, if I cannot be contacted in the event of an emergency. I further agree to be responsible for the payment of emergency services not covered by my insurance.

I/we plan to attend the meet, at our own expense, and will be available in the case of an emergency.

Yes
No

Parent Signature: _____

Date: _____