

# CASTROVILLE LEARN TO SWIM PROGRAM

## EMERGENCY MEDICAL INFORMATION

**Welcome to Swim Lessons! Although those most knowledgeable about a swimmer's health history are often sitting in the stands during class, we ask that everyone fill out a basic medical information form in case of an emergency. We're here to make your family a little safer and this information is an important part of that process.**

**Your swim program director needs to be aware of pertinent health issues for the purpose of prevention and in case of emergency EMS needs certain basic information to provide the best care possible for your swimmer.**

**Thank you for filling out the form and making the Castroville Pool better able to serve your family!**

**Swimmer's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

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\_\_\_\_\_ (name of swimmer) has NO known chronic health problems, allergies, recent traumas, or medications.

**Please list any chronic health problems, allergies, recent traumas, and medications your swimmer is taking. (Examples: diabetic, asthmatic, prone to seizures, heart problems, allergic to wasp stings, recent head/neck injury, etc.)**

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### Emergency Contact Information:

**Primary Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Primary Number:** \_\_\_\_\_ (home / cell / work) **Backup Number:** \_\_\_\_\_

**Secondary Contact:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Primary Number:** \_\_\_\_\_ (home / cell / work) **Backup Number:** \_\_\_\_\_

**Physician to call:** \_\_\_\_\_ **Phone number:** \_\_\_\_\_

**Hospital of choice:** \_\_\_\_\_

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**Signature of Guardian**

**Date**