



Webster Swim Association (WSA)

Emergency and Medical Form 2009-2010

The following information will be placed on file at the pool in the coaches' room. All information will be kept confidential. Please be sure to write down any information the coaches may need in the event of an emergency situation.

Emergency/Medical Information for _____ Date _____
(First and last name of swimmer)

Mother's name: _____ Phone # while child is at practice/meet ____-____-____

Father's name: _____ Phone # while child is at practice/meet ____-____-____

Physician's name: _____ Phone _____

Emergency Contact: #1 _____ Phone _____

#2 _____ Phone _____

List any medical concerns coaches should be made aware of on lines below or check none

Current Medications:

Medical Insurance _____ Policy # _____

Emergency Medical Authorization and Consent

I grant permission, in case of serious injury or illness, to have an athletic trainer, EMT, and/or medical doctor provide emergency assistance to _____
(First and last name of swimmer)

As parent/guardian/athlete over 19 years, I consent to the participation of the above athlete in the WSA 09-10 swim program and agree to the emergency medical authorization.

Signature _____ Date ____/____/____