

ORILLIA CHANNEL CATS CONTACT INFORMATION & HEALTH HISTORY FORM

IMPORTANT-PLEASE PRINT (this form may be given to hospital in case of emergency)

Swimmer's Name _____

Parent/Guardian Name _____

Swimmer's Full Address _____

Swimmer's Home Phone # _____

Swimmer's Health Card Number _____

Physician's Name and Phone # _____

Emergency Contact Person _____

Home Phone # _____ Cell Phone # _____

Alternate Phone # _____

To assist the chaperones meet the needs of each swimmer please complete the following:

Food allergies _____ Drug Allergies _____

Medications present with swimmer (including dosage and reason for use): _____

In case of a medical emergency, I understand that every effort will be made to contact parents or guardians. In the event that I cannot be reached, I hereby give permission to the physicians, selected by the swim coaches and/or chaperone, to hospitalize and secure proper treatment, order injection, anesthesia or surgery for the swimmer as named above. Provincial Health must cover each swimmer. The parent or guardian of the above swimmer will be responsible for any additional expenses that may result from such services.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

I hereby give permission to the swim coaches and/or chaperone to administer Advil or Tylenol to the above named swimmer should the need arise. **Swimmers Weight:** _____ **(for dosage)**

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

