

# Emergency Information Form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Current Tetanus Shot(s): Yes \_\_\_\_ No \_\_\_\_ (Required before the start of lessons)

List any medications, allergies, physical limitations, or health problems your child may have:

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Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Family Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact (If parent(s)/guardian(s) cannot be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, pool procedure will be to contact the parent(s) or guardian(s). When this is not possible, the emergency contact(s) will be called, followed by 9-1-1 when necessary.

You should have arrangements in place for proper care in case your child has an accident or becomes too ill to remain in the pool. The pool will close immediately, at the directions of the lifeguards, when there is a safety or sanitary concern which may threaten swimmers. In the case of inclement weather, the pool will be cleared for twenty (20) minutes when thunder is heard, and will close at the sight of lightening. Please make arrangements for safe transportation.

Parent Signature \_\_\_\_\_