

**FHSC 2011 EMERGENCY HEALTH INFORMATION FORM**

Family Last Name: \_\_\_\_\_

In case of an emergency, please contact:

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

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

INSURANCE: Name of Insured/Company/Policy Number:  
\_\_\_\_\_

Pertinent health information: (medications, allergies, chronic illnesses)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I \_\_\_\_\_ give permission to a representative from Forest Hills Swim Club to transport and initiate medical treatment for my child(ren) \_\_\_\_\_

to \_\_\_\_\_ or nearest medical facility, in event of injury/illness and I cannot be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Visit our website at  
[www.foresthillsswimclub.org](http://www.foresthillsswimclub.org)