

Devon Crest Swim Team
Participant Medical Information Form

Swimmer(s) Last Name _____ e-mail _____

Parent/Guardian _____ phone _____

Address: _____ cell _____

Insurance Company Name: _____ Insurance phone _____

ID # _____ Group/Policy # _____

Physician: _____ Physician Phone _____

Swimmer Full Name: _____ Age _____

Medical Conditions	Medications	Allergies
_____	_____	_____
_____	_____	_____

Other Information _____

Swimmer Full Name: _____ Age _____

Medical Conditions	Medications	Allergies
_____	_____	_____
_____	_____	_____

Other Information _____

Swimmer Full Name: _____ Age _____

Medical Conditions	Medications	Allergies
_____	_____	_____
_____	_____	_____

Other Information _____

Parent/Guardian Signature _____ Date _____