



Northampton Pool Association  
1436-B Todds Lane  
Hampton VA 23666  
(757) 826-9808  
[www.northamptonpool.com](http://www.northamptonpool.com)

## Swimmer's Emergency Information

Swimmer's Name: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

### Emergency Information

Please list ALL Allergies if any (food, meds, etc):

Please list any chronic conditions: (asthma, diabetic, etc)

Are you currently taking any medication related to a medical condition:

Please list any other pertinent medical information you feel is important:

### Emergency Contact Information

Parent/Guardian (relation)	Name	Home Phone	Cell Phone

### Please List Two Other Emergency Contacts:

Name	Home Phone	Cell Phone	Relation

Medical information is only requested as a safety precaution for the swimmer.

In case of an accident or illness, I request that Northampton Pool Association contact me. If I am unable to be reached I hereby authorize the Northampton Pool Association to make appropriate medical arrangements for my child.

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

Date \_\_\_\_\_