

FREDERICK AREA DIVERS

www.frederickareadivers.com

Diver's Medical Information

Name: _____

Emergency Contact Name and Phone Number: _____

Emergency Contact Name and Phone Number: _____

HEALTH CARE CONTACTS

Health Care Provider/Physician _____ Phone _____

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

ALLERGY INFORMATION (check those that apply):

_____ Allergy: Bee Sting

_____ Allergy: Food (please list below)

_____ Allergy: Latex

_____ Allergy: Pesticide/Chemical

_____ Allergy: Seasonal

_____ Allergy: Medication (Please list below)

Please include anything about your child's health that will help the team's coaches to better understand and work with him/her.

In case of accident or serious illness, I request that that Coaches contact me. If I cannot be reached, I hereby authorize the Frederick Area Coaches or Parent Representative to call the physician indicated above or make reasonable arrangements deemed to be in the best interest of the child.

Signature of Parent or Guardian _____ Date _____