Recreational Swimmer Allergy and Medication Disclosure Form

Swimmer's Full Name
Date of Birth
Parent/Guardian Name (if under 18)
Emergency Contact Email
Emergency Contact Phone
List all allergies (food, medication, environmental):
Describe typical allergic reactions:
Current medications (include dosage and frequency):
Special instructions for medical staff:
Cpedial instructions for intedioal stati.
Physician Name
Physician Phone

Signature		
Date		