



**Medical Information Form**  
**Winter Swim: 2011-2012**  
**LRR/JCC Programs**



Mail Medical Information Form to:  
**Beth Bedell**  
**7127 Redlac Drive**  
**Clifton, VA 20124**

| <b>Family Contact Information</b>        |                         |            |     |
|--|-------------------------|------------|-----|
| LAST NAME                                |                         |            |     |
| STREET                                   | CITY                    | STATE      | ZIP |
| HOME PHONE                               | EMAIL                   |            |     |
| MOTHER'S NAME                            | CELL PHONE              | WORK PHONE |     |
| FATHER'S NAME                            | CELL PHONE              | WORK PHONE |     |
| EMERGENCY CONTACT #1 (OTHER THAN PARENT) | RELATIONSHIP TO SWIMMER | PHONE      |     |
| EMERGENCY CONTACT #2 (OTHER THAN PARENT) | RELATIONSHIP TO SWIMMER | PHONE      |     |
| INSURANCE COMPANY                        | POLICY #                | PHONE      |     |
| DOCTOR'S NAME                            | ADDRESS                 | PHONE      |     |

| <b>Swimmer (s) Medical Information</b> |                       |  |   |
|--|-----------------------|--|---|
|  | BIRTH DATE (MM/DD/YY) | MEDICATIONS CURRENTLY TAKING (INCL SIDE EFFECTS) | LIST ANY ADDITIONAL MEDICAL INFORMATION AFFECTING SWIMMER |
| CHILD 1, FIRST NAME                    |                       |  |   |
| CHILD 2, FIRST NAME                    |                       |  |   |
| CHILD 3, FIRST NAME                    |                       |  |   |
| CHILD 4, FIRST NAME                    |                       |  |   |

COMPLETE INFORMATION ABOVE, PRINT FORM, SIGN BELOW AND SEND ORIGINAL TO ADDRESS LISTED ABOVE.

By my signature, I ( \_\_\_\_\_ ) authorize Beth Bedell (and/or her  
PRINT PARENT/GUARDIAN NAME

representative) to seek immediate medical attention for my child(ren).

**X** \_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date