

Pool Emergency Form



Lot Number _____

Name: _____
(Parents Last)

Home Phone: _____

Street Address: _____

Mothers Name: _____

Work Phone: _____

Cell Phone: _____

Fathers Name: _____

Work Phone: _____

Cell Phone: _____

ALTERNATE EMERGENCY CONTACTS

Name: _____

Phone Number: _____

Name: _____

Phone Number: _____

FAMILY MEMBERS

List all family members and date of birth

MEDICAL & HEALTH INFORMATION

List any health conditions and allergies

Explanation:

Allergies:

In case of an emergency, an attempt will be made to contact the person(s) listed on this card. I understand that my child may be transported by ambulance to the closest medical facility for treatment if necessary.

Parent/Guardians Signature

Date