

# Walnut Heights Swim Club, Inc.

## EMERGENCY CONTACT CARD

Key #

LAST NAME \_\_\_\_\_ FIRST NAME/S \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ PHONE(WORK) \_\_\_\_\_ CELL, PAGER, OTHER \_\_\_\_\_

ADDRESS \_\_\_\_\_

NAMES OF CHILDREN/GRANDCHILDREN, ETC. \_\_\_\_\_ SEX \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_\_

\_\_\_\_\_ M/F \_\_\_\_\_

**In case of emergency please check your preference**

**Call our Family Physician/s**

Doctor's Name (parents) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Doctor's Name (children) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

**Kaiser Health Member** (list Kaiser medical numbers):

\_\_\_\_\_

**No Treatment** ( or other phone number to call: \_\_\_\_\_)

X \_\_\_\_\_

Signature of Parent or Guardian

Date

**PLEASE COMPLETE AND RETURN WITH YOUR APPLICATION**