

SASKATOON AQUALENES
Synchronized Swimming Club

Travel Information/Medical Form

Swimmer's Name: _____

Date of Birth: _____

SK Health Services No: _____

Next of Kin:

Name: _____

Address: _____

Telephone* _____

*(*please insert all phone numbers)*

Doctor: Name: _____

Address: _____

Telephone: _____

Allergies: _____

Other Medical Treatment:

Consent for Emergency Treatment

I, _____ (parent/guardian), give authority to the parent chaperone

for the Saskatoon Aqualenes Synchronized Swimming Club to request medical attention for

_____ (swimmer) by a private physician or by
hospital personnel on my behalf, in the event of sudden illness or injury.

Signed: _____ Date: _____