UCSC MEMBER INFORMATION

Date: _____

CURRENT SWIMMER IN CLUB NAME(first and last):
_____

SIBLING FULL LEGAL NAME: _____

Gender: M F DOB: _____ Squad: _____
month day year

Alberta Health Care: _____

Allergies/Medical Conditions: _____

Is the allergy life threatening? _____

I authorize UCSC chaperones to dispense the following medication to my child as necessary.

TYLENOL Yes No ADVIL Yes No REACTINE Yes No GRAVOL Yes No

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