## New England Zone All-Star Team Long Course 2005

## **Emergency Information**

Every effort will be made to contact parents in the case of injury or an emergency. In the event that a child's parent or guardian cannot be reached, I give permission to the New England coaches and chaperones to act on behalf of my child to seek medical treatment, and hold harmless the above as well as New England Swimming, Inc.

Signature of Parent or Guardian	
Emergency Contact Name: (1st)	
(If different from above)	
Day Phone:	_ Eve. Phone:
Emergency Contact Name: (2 <sup>nd</sup> )	
Day Phone:	Eve. Phone:
Name of Insurance Provider:	
Group #: Policy	or subscriber #
Questionnaire:  1. Are there any special dietary restriction	ons that we should be aware of?
2. Are there any allergy issues that we should be aware of? If yes, and your child uses medication, please contact your coach to discuss the issue.	
3. Are there any other medication issues that the coaches need to be aware of?	
4. Are there any underlying medical issues that we should be made aware of?	
5. Other concerns?	