

UCSC SIBLING INFORMATION

Date: _____

FIRST SWIMMER FULL LEGAL NAME: _____

Gender: M F DOB: _____
 Month Day Year

Squad: _____

Alberta Health Care Number:

Allergies/Medical Conditions: _____

Is the allergy life threatening? _____

I authorize UCSC chaperones to dispense the following medications to my child as necessary. Please answer yes or no for each medication below.

Tylenol Advil Reactine Gravol

SECOND SWIMMER FULL LEGAL NAME:

Gender: M F DOB: _____
Month Day Year

Squad:

Alberta Health Care Number: _____

Allergies/Medical Conditions:

Is the allergy life threatening? _____

I authorize UCSC chaperones to dispense the following medications to my child as necessary. Please answer yes or no for each medication below.

Tylenol _____ Advil _____ Reactine _____ Gravol _____