

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 _____