



Medical Form for Employees & General Information

Name: _____ D.O.B: ___/___/___ Age _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____

EMERGENCY CONTACT: _____ Phone: _____

EMERGENCY CONTACT: _____ Phone: _____

Current School Attending: _____

Last day of work this current season: ___/___/___ (to help determine scheduling in August)

Doctor Name & Phone Number: _____

List any known allergies or medical conditions (optional):

I authorize the administration of Silton Swim School to take any emergency procedures which are deemed necessary for my welfare. I also acknowledge that all the above information and statements are true.

Signature: _____ **Date:** _____

For Staff 17 & younger:

Parents/Guardian Signature: _____