

Village of Cass City
Helen Stevens Memorial Pool
2022 Emergency Medical Form

Parent/Guardian Name _____ Cell _____

Address _____ City _____ Zip _____

Emergency Contact _____ Cell _____

1st Child's Name _____ Age _____ Gender _____

1. Has this child had any serious illness, injury, or operation? If yes, please give dates and explanation.

2. Will this child be taking any medication? If yes, please indicate type and effects on child.

3. Does this child have a physical or mental disability about which the instructor needs to be aware of for instructional modifications or emergency purposes? If yes, please explain.

2nd Child's Name _____ Age _____ Gender _____

1. Has this child had any serious illness, injury, or operation? If yes, please give dates and explanation.

2. Will this child be taking any medication? If yes, please indicate type and effects on child.

3. Does this child have a physical or mental disability about which the instructor needs to be aware of for instructional modifications or emergency purposes? If yes, please explain.

3rd Child's Name _____ Age _____ Gender _____

1. Has this child had any serious illness, injury, or operation? If yes, please give dates and explanation.

2. Will this child be taking any medication? If yes, please indicate type and effects on child.

3. Does this child have a physical or mental disability about which the instructor needs to be aware of for instructional modifications or emergency purposes? If yes, please explain.

