

**CUSR EMERGENCY INFORMATION**

**C-U Autism Network swimming**

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Allergies: \_\_\_\_\_

\_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Special Notes: \_\_\_\_\_

\_\_\_\_\_

Home#      Cell#

Father/Guardian: \_\_\_\_\_ Restrictions: \_\_\_\_\_

\_\_\_\_\_

Home#      Cell#

**Emergency Name & Phone #  
(other than Parent/Guardian)**

Medication: \_\_\_\_\_

\_\_\_\_\_

Name      Phone #

Preferred Hospital: \_\_\_\_\_

Doctor: \_\_\_\_\_

Name      Phone #

Doctors #: \_\_\_\_\_

Disabilities \_\_\_\_\_