

EMERGENCY INFORMATION - DENVER COMMUNITY POOL

LAST NAME:	TELEPHONE NUMBER: ()
ADDRESS:	

ONLY INCLUDE IMMEDIATE FAMILY MEMBERS (MOTHER, FATHER, AND CHILDREN UNDER THE AGE OF 18).

FIRST NAME:	AGE:	MEDICAL CONDITIONS, ALLERGIES, ETC. :

LIST PERSONS TO BE NOTIFIED IN THE EVENT OF AN EMERGENCY

NAME:		
PHONE: ()	()	()

Permission is granted for any person(s) listed above to promptly receive any necessary basic first aid.
 In the event of an emergency, I understand that an ambulance/rescue unit might transport person(s) involved to the hospital.

Signature

Date

<i>Office Use Only:</i>	<i>Pass Number:</i> _____	<i>NR / R</i>
<i>Family / Adult / Senior / Student / Pre-K / CC Adult / CC Student / CC Pre-K / Employee</i>		