



# EMERGENCY HEALTH RECORD – Appendix B

(To be completed only if the swimmer has a health problem that requires emergency intervention)

## + ADDITIONNAL INFORMATION

---

NAME: \_\_\_\_\_



\_\_\_\_\_

## + DOES THE SWIMMER HAVE:

---

### SEVERE ALLERGIES TO:

FOOD	YES	INSECT BITE	YES	OTHER	YES
	NO		NO		NO

SPECIFY : \_\_\_\_\_

EMERGENCY MEDICATION	YES	EIPEN	YES	OTHER	YES
	NO		NO		NO

SPECIFY : \_\_\_\_\_

### DIABETES

YES	EMERGENCY MEDICATION	YES
NO		NO

IF HYPOGLYCEMIA OCCURS, SPECIFY EMERGENCY INTERVENTION: \_\_\_\_\_

### OTHER

DOES THE SWIMMER HAVE ANOTHER HEALTH PROBLEM THAT MAY REQUIRE AN EMERGENCY INTERVENTION?

YES
NO

SPECIFY: \_\_\_\_\_

## + AUTHORIZATION

---

**I AUTHORIZE THAT THE INFORMATION LISTED ABOVE BE COMMUNICATED TO THE LIFEGUARDS AND ADMINISTRATION.**

SIGNATURE : \_\_\_\_\_ DATE : \_\_\_\_\_