



S.W.I.M., Inc. Chapter _____

Please Print:		SWIMMER or VOLUNTEER	
NAME			
ADDRESS		PHONE	
CITY	STATE	ZIP CODE	
DOB:	MONTH	DAY	YEAR
MALE	FEMALE	RELIGION	

EMERGENCY MEDICAL RECORD



SPECIALIZED WATER INTEREST MOVEMENT

A private, non-profit organization of Volunteers dedicated to assist muscular handicapped adults through the benefits of water therapy and social outreach.

120 FINDERNE AVENUE — Bridgewater, NJ 08807 — (908) 685-0040

Chapters in Basking Ridge, Bridgewater, Fanwood/Scotch Plains, Flemington, Madison, Morris Center, Sussex County, West Morris/Randolph & Wildwood Crest



IN CASE OF  **Emergency — PLEASE NOTIFY** 

NAME			
ADDRESS			
CITY	STATE	ZIP CODE	
PHONE (include area code)			
LIVING WILL?	<input type="checkbox"/> YES <input type="checkbox"/> NO	DONOR?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DURABLE POWER OF ATTORNEY FOR HEALTH CARE?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Return Completed Form to your
S.W.I.M., Inc. Chapter Coordinator

Please Complete Side 2



MEDICAL CONDITIONS (HEART, DIABETES, ETC.)

PRINT:

BLOOD TYPE:

ALLERGIES (PENICILLIN, SULFA, ETC.)

I AM TAKING THE FOLLOWING MEDICATIONS

INSURANCE INFORMATION

NAME

PHONE

MEDICARE

DO YOU HAVE MEDICARE:

YES

NO

PRIMARY Insurance

Secondary Insurance

MY PHYSICIAN

DR.

ADDRESS

CITY

STATE

ZIP CODE

PHONE

For free wallet medical record or application for medical bracelet or necklace,
Send a stamped self-addressed envelope to:
Medical Division PO Box 5618 San Clemente, CA 92674

After Sides 1 & 2 have been completed, return form to your **S.W.I.M., Inc.** Chapter Coordinator