

Poland Swim Club
Swim Team Medical Form

General Information:

_____ (Swimmer's Full Name)		_____ (Age as of 6/1)	_____ (Date of Birth)
_____ (Street Address)	_____ (City)	_____ (State)	_____ (Zip)
_____ (Mother's Name)	_____ (Employer)	_____ (Work or Cell Phone)	
_____ (Father's Name)	_____ (Employer)	_____ (Work or Cell Phone)	
_____ (Contact if parents are unavailable)		_____ (Relationship)	_____ (Phone)
_____ (Doctor's Name)	_____ (Address)	_____ (Phone)	

Health History: Please list allergies and place a check mark by conditions that apply.

Drug Allergy: _____ Food Allergy: _____
Other Allergy: _____

- | | | |
|----------------|---------------------|----------------------|
| Asthma _____ | Ear Infection _____ | Kidney Disease _____ |
| Diabetes _____ | Strep Throat _____ | Neurological _____ |
| Epilepsy _____ | Heart Disease _____ | Orthopedic _____ |

Please explain any of these conditions on the back of this form.

Other Conditions:

Please explain any serious or chronic illness: _____

Known physical, emotional, or learning problems: _____

Any conditions that coaches should be aware of: _____

Please list all medications taken regularly: _____

I, the undersigned parent (legal guardian) of the above mentioned participant indicated by the legal signature below, state that said participant is physically able to participate and has my permission to participate on the Poland Swim Club Swim Team.

Consent to Treat: I give my consent to the Poland Swim Team and its representatives to obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant for any injury or illness that could arise during participation in Poland Swim Team activities. I also give permission for ambulance transfer if needed.

Signed: _____ Relationship: _____ Date: _____