

Poland Swim Club
Swim Team Medical Form

Swimmers Full name	Age as of 6/1	Date of Birth:
Street Address	City	State/Zip
Mother's Name	Employer	Work or Cell Number
Father's Name	Employer	Work or Cell Number
Contact if parents are unavailable; relationship: phone:		
Doctor's Name:	Address:	Phone Number:
<p>Health History: Please list all allergies and place a checkmark by conditions that apply:</p> <p>Drug Allergy: _____ Food Allergy: _____</p> <p>Other Allergy: _____</p> <p>Please explain any of these conditions on the back of this form:</p> <p>Asthma__ Ear Infections__ Kidney Disease__ Diabetes__ Orthopedic__ Epilepsy__ Strep Throat__ Neurological__ Heart Disease__</p>		
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:		
<p>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 my permission to participate on the Poland Swim Club Swim Team.</p> <p>Consent to Treat: I give my consent to the Poland Swim Team and it's 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.</p>		
Signed: _____ Relationship: _____ Date: _____		
Updated:	Updated:	Updated: