

PADUCAH SWIM TEAM - MEDICAL INFORMATION FORM

Swimmer's Name _____

Street Address _____

City _____ Zip Code _____

Home Phone Number _____ Date of Birth _____

Father's Office Phone _____ Father's Cell Phone _____

Insurance Company _____ I.D. Number _____

Mother's Office Phone _____ Mother's Cell Phone _____

Insurance Company _____ I.D. Number _____

Emergency Contact (other than parents) _____

List all current medical conditions and/or allergies. List all medications that the above swimmer is currently taking. Please inform us of any changes while this swimmer is with the program.

Yes ___ No ___ I authorize the coaching staff to dispense "over the counter" medications (if necessary) to my swimmer such as ibuprofen, aspirin, anti-acids, etc. If yes, any prohibitions?

I hereby authorize any duly authorized doctor, EMT, hospital or medical facility to treat this swimmer in the event of any medical emergency while a participant at a sanctioned practice or event. I realize and appreciate that there may be unforeseen circumstances, and I assume any such risk on behalf of myself and the above listed swimmer. I grant permission to authorized medical authorities to release information to my insurance company(s) and give them permission to collect payment from said company(s).

Signature _____ Date _____

Relationship _____