

## SWIM TEAM HEALTH HISTORY

Swimmer's Name: \_\_\_\_\_ Home phone # \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

### Illnesses or Injuries (Please check all that apply)

Ear Infections     Asthma     Seizures/Fainting/Dizziness     Bee Sting Allergy  
 Anxiety     ADD     Bleeding/Clotting Disorders     Heart Disease/Defect  
 Diabetes     Other \_\_\_\_\_

Is there any information regarding your child's health or other needs/restrictions that you would like to make the coaches aware of? Y N If yes, please explain \_\_\_\_\_

**Emergency Contact:** Please provide a phone number for yourself and an alternate phone number. Remember that you will need to have someone available for both the practice times and the swim meets if you will not be at the pool.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Alternate's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

I know of no condition, other than the information indicated on this form, that would prevent my child from participating in the prescribed swim team activities.

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

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