MEDICAL AUTHORIZATION FORM

I _____, Parent/Guardian hereby grant permission to Topeka Swim Association, Inc. (TSA), in case of injury, to have a qualified medical provider (doctor, nurse practitioner, nurse, athletic trainer, EMS provider, etc.) provide treatment to _____(swimmers name).

Signature_____ Date _____

If said swimmer is covered by any insurance company, please provide the following:

Name of Carrier_____

Name of Insured_____

Policy Number_____ Group Number_____

Does the swimmer have a physical on file with TSA? Y / N

- If no, please complete the medical questionnaire attached.

EMERGENCY CONTACT INFORMATION

1. Name_____ Relation _____

   Primary _____ (Home/Cell) Secondary_____ (Home/Cell)

2. Name_____ Relation _____

   Primary _____ (Home/Cell) Secondary_____ (Home/Cell)

3. Primary Care Provider_____

   Office_____

4. Dentist_____

   Office _____

MEDICAL QUESTIONNAIRE

Information

Last_____ First_____ M.I._____

Date of Birth_____

Height		Blood Pressure*	/
Weight		Pulse*	

*Can be taken by TSA medical staff.

Current Medical Conditions_____

_____

Previous Surgeries _____

_____

Allergies (medication, environmental, food, etc)_____

_____

Medications (prescriptions, OTC's, supplements)_____

_____

	Y	N
History/Family		
Has a provider ever denied or restricted your participation in sports for any reason?		
Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before the age of 35 years?		
Does anyone in your family have a genetic heart problem such as hypertrophic cardiac myopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
Has anyone in your family had a pacemaker or an implanted defibrillator before the age of 35?		

Cardiac/Thoracic		
Have you ever passed out or nearly passed out during or after exercise?		
Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
Does you hear ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
Has a doctor ever told you that you have a heart problem?		
Do you get light-headed or feel shorter of breath than your friends during exercise?		
Do you cough, wheeze, or have difficulty breathing during or after exercise?		
Bone and Joint		
Have you ever had a stress fracture or an injury to a bone, muscle, ligament, joint, or tendon that caused you to miss a practice or a game?		
Do you have a bone, muscle, ligament, or joint injury that bothers you?		
Neurological		
Have you ever had a seizure?		
Have you had a concussion or head injury that caused confusion, a prolonged headache, or memory problems?		
Have you ever had numbness, tingling, weakness, or been unable to move your arms or legs after being hit or falling?		
Miscellaneous		
Have you ever become ill while exercising in the heat?		
Have you ever had, or do you have any problems with your eyes or vision?		
Do you have any recurring skin rashes or rashes that come and go?		

Notes_____

_____

_____

_____