



Medical Information Sheet

Please Fill one out for each swimmer

Personal Information

Full Name: _____ Birth Date: _____

Emergency Contact: _____ Phone Number: _____

Relationship to Swimmer: _____

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Preferred Hospital: _____

Medical History

Do you have any allergies? Yes No
If yes, please list:

Are you currently on any medications? Yes No
If yes, please list:

Have you undergone any major surgeries? Yes No
If yes, please list:

Do you require any accommodations to participate? Yes No
If yes, please explain:

Past Medical History

Check the box if you currently experience or have experienced any of the following:

- Asthma
- Diabetes
- Epilepsy/Seizures
- Heart Problems
- Lung Problems
- Heart Surgery
- _____

Emergency Medical Release

Part 1 or Part 2 must be completed and signed

Part 1 (To Grant consent) In the event reasonable attempts to contact me at the numbers listed above have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by the physician and/or dentist listed above. In the event the designated practitioner is not available, treatment may be administered by another licensed physician or dentist. If hospital treatment is necessary, I authorize the transfer of my child to the preferred hospital listed above or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained BEFORE the surgery is performed.

PARENT/GUARDIAN: _____ **DATE:** _____

Part 2 (Refusal to consent): I do not give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency medical treatment, I wish the Preble County Stingrays Swim Team authorities to take no action.

PARENT/GUARDIAN: _____ **Date:** _____