

Westfield Y Aquaducks Medical Authorization Form

NAME OF SWIMMER _____

DATE OF BIRTH _____

NAME OF PARENT/GUARDIAN _____

WORK PHONE _____

HOME PHONE _____

CELL PHONE _____

IN CASE OF EMERGENCY CONTACT PARENTS

FAMILY DOCTOR _____

/OR _____ PHONE _____

OFFICE PHONE _____

MEDICAL INSURANCE INFORMATION:

INSURANCE COMPANY _____

NAME OF INSURED _____

POLICY NUMBER _____

A. List all allergies, medical conditions, and/or other medical, physical, or developmental limitations. Use list below as a guide and describe as appropriate.

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> asthma | <input type="checkbox"/> dermatology condition | <input type="checkbox"/> fainting | <input type="checkbox"/> glasses/contacts (circle) |
| <input type="checkbox"/> ear ache | <input type="checkbox"/> sinus trouble | <input type="checkbox"/> convulsions | <input type="checkbox"/> motion sickness |
| <input type="checkbox"/> hearing impairment | <input type="checkbox"/> frequent colds | <input type="checkbox"/> headache | <input type="checkbox"/> allergies (describe) |
| <input type="checkbox"/> heart condition | <input type="checkbox"/> nosebleed | <input type="checkbox"/> Seizures (describe) | <input type="checkbox"/> mental illness/depression |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> bronchitis | <input type="checkbox"/> diabetes | <input type="checkbox"/> learning disability |

B. List any current or recurring injuries (including but not limited to concussion, head, neck, back, arm, knee, foot injuries).

C. List all Medications currently taking including dosage and frequency.

I give permission for my child to participate in the activities of the Synchronized Swim Program of the Westfield Y. Should my child become sick or injured while taking part in these activities I understand that an effort will be made to reach me. Should I not be able to be contacted I give permission for the coach and/or chaperone with the program to authorize any needed emergency health care services. I further understand that I am financially responsible for all services. Should I ever withdraw my permission notification in writing will be given

Parent/Guardian signature: _____ Date: _____

*This form secured and brought to meets by coaching staff. Disclosed only in emergency situations.