OAC MEDICAL HISTORY FORM

NAME_____ **DOB**_____
LAST First Middle

ADDRESS_____**City**_____ **Zip**_____
PHONE_____ **PHONE #2**_____**Emergency #**_____
E-MAIL:_____

Please circle yes or no and provide additional information where requested on this form.

1. **Is your child allergic to any medications? Y/N Please list** _____
2. **Does your child take prescribed medications? Y/N Please list**_____
3. **Is your child known to have seizures? Y/N**
4. **Does your child have diabetes? Y/N**
5. **Does your child have high blood pressure? Y/N**
6. **Does your child have or had the following diseases?**
   Heart Disease Y/N
   Lung Disease, including asthma or exercised induced asthma Y/N
   Kidney Disease Y/N
   Liver Disease Y/N

7. **Has your child been unconscious in the past 3 years? Y/N Please explain**_____
8. **Has you child had a concussion or a head injury in the past 3 years? Y/N**
9. **Neck injury in the past 3 years? Y/N**
10. **Does your child where glasses or contacts during training and competition? Y/N**
11. **Has your child every had a reaction to bee stings, foods etc? Y/N Please explain**_____
12. **Has your child had a broken bone, dislocation or separated bones? Y/N Please describe and date of injury**_____
13. **Has you child ever injured:**
    Back Y/N Describe_____
    Knee Y/N Describe_____
    Shoulder Y/N Describe _____

14. **Does your child have a pin/screw or plate in the body? Y/N Describe**_____
15. **Does your child have any other medical conditions that the coaching staff needs to be aware of? Y/N Please describe**_____
    _____
16. **Immunizations up to date? Y/N**

All questions on this form have been answered completely to the best of my knowledge _____
Initials

I hereby authorize the OAC Coaching staff or persons responsible for training, at practice, and at swim meet competitions , or team functions to arrange for and consent on my behalf to any emergency medical or surgical treatment performed by a licensed physician in the event that the parent or legal guardian cannot be reached.

Signature of Parent or Guardian_____**Date**_____

Revised 2009