

Oxford Otters Swim Team

Swimmer Medical Form



Parents/Guardians: Please fill out all sections of this form and return with registration. One form for **each** swimmer must be returned before participation in team practices, functions and meets.

Swimmer's Name: _____ Date of Birth: _____

Address: _____

Parents/Guardians Name(s): _____ Home Phone: _____

Cell Phone: _____ E-Mail Address: _____

Insurance Company: _____ Policy Number: _____

Physicians Name: _____ Phone: _____

Level: Bronze Silver Gold Junior Senior

Who is the best person to contact in case of emergency? (During practice and meets)

Name(s): _____

Phone: _____ Other #: _____

Is there a history of: (If yes, please explain below)

Allergies: _____

Heart Condition: _____

Does Allergy require EpiPen? _____

Learning Disorders: _____

Asthma: _____

Hearing Disorder: _____

Epilepsy: _____

Poor Vision/ Glasses: _____

Diabetes: _____

Other: _____

Explain: (Use back of page if necessary)

Are any Prescribed Medications being taken? (Answer yes if the swimmer uses an inhaler for asthma or has an EpiPen for allergies) _____ *If yes, please have your physician complete page 2.

I give permission for _____ to participate on the Oxford Otter Swim Team. I assume responsibility for full disclosure of current medical conditions as well as notifying the coaches and board of any changes in my child's health.

Parents Signature: _____ Date: _____

I give permission for the provision of emergency treatment to _____, in the event of injury or illness which occurs during participation in the Oxford Otter Swim Team program.

Parents Signature: _____ Date: _____

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Prescribed Medication Information



Swimmers' Name: _____

***This section is to be completed only by a physician**

This swimmer has indicated that he/she takes prescribed medication. Please provide the following information for the use of the coaching staff:

Drug Name _____

Dose and Administration _____

Side effects that may be observed _____

If side effects are observed, what measures should be taken? _____

Is there any reason why this swimmer should not participate in a competitive swimming program? _____

Is there any medical information which you think is important for the coach to know in order to work effectively with this swimmer?

Signature Of Physician: _____ Date: _____

Address/Telephone: _____

