



MEDICAL HISTORY DOCUMENT

Name: _____ Age: _____ Sex: _____ Grade: _____

Home Address: _____ City: _____ State: _____

Name of Parent/Guardian: _____

Address (if different than above): _____

Phone Numbers: (Home) _____ (Work) _____ (Cell) _____

In Case Of Emergency Notify:

1; _____ Phone _____ Relationship _____

2: _____ Phone _____ Relationship _____

List any medical information or disability that your coach should be aware of:

Parent Consent

This medical release form must be signed by a parent or legal guardian for EACH swimmers of the Fort Wayne Swim Team. If the swimmer is 18 years of age or older, the swimmer must also sign this form.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE AND BELIEF, _____ (NAME OF SWIMMER) IS IN GOOD PHYSICAL CONDITION AND HAS NO CONDITION WHICH WOULD IMPAIR PARTICIPATION IN THE PROGRAM. IN CASE OF INJURY, I HEREBY GIVE THE FORT WAYNE SWIM TEAM AND IT'S COACHING STAFF PERMISSION TO ACT ON MY BEHALF IN SEEKING MEDICAL TREATMENT FROM ANY LICENSED PHYSICIAN, HOSPITAL OR CLINIC FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY. I ABSOLVE FORT WAYE SWIM TEAM AND IT'S COACHING STAFF FROM ALL LIABILITY WHILE ACTING ON MY BEHALF IN THIS REGARD,

Parent/Guardian Signature

Participant Signature (if over age of 18)

Additional comments regarding medical history, allergies, penicillin or drug reactions, etc..... which may be needed in rendering medical treatment.

Insurance Company Name & Policy #: _____