

NORTH SHORE SWIM CLUB

Medical History Record and Emergency Medical Authorization

Athlete Info:

Athlete Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Female: ___ Male: ___ Approx Weight (lbs): _____

Emergency Contact: _____ Telephone # _____

Family Physician: _____ Telephone # _____

Insurance Company: _____ Policy Number _____

Parent Info:

Mother's Name: _____

Telephone Home: _____ Telephone Work: _____

Father's Name: _____

Telephone Home: _____ Telephone Work: _____

Athlete Info:

Please circle 'Yes' or 'No' as appropriate and provide additional details where it is requested.
Include additional pages if needed.

- | | | |
|-----|----|--|
| Yes | No | 1. Has this athlete ever had surgery, injury, serious medical illness or been hospitalized
(explain) _____ |
| Yes | No | 2. Is this athlete now under the care of a physician? _____ |
| Yes | No | 3. Is this athlete currently taking any medications?
(explain) _____ |
| Yes | No | 4. Has any physician ever recommended or do you feel there should be limitations placed on your participation in
competitive sports, including weight training? _____ |
| Yes | No | 5. Does this athlete have any allergies?
(explain) _____ |
| Yes | No | 6. Does this athlete wear glasses or contact lenses? _____ |
| Yes | No | 7. Does this athlete wear contact lenses while swimming? _____ |
| Yes | No | 8. Has this athlete ever blacked out, lost consciousness, or complained of dizziness during practice or competition? |

If "Yes" was answered for any of the above, please explain further. If necessary use the back of this form.

In case of an emergency requiring immediate attention and NSSC is unable to locate me or my child's physician, I hereby authorize my child to be taken to _____ St. Luke's _____ St. Mary's emergency room or the nearest ER.

I / WE consent to the participation of the above named athlete in the North Shore Swim Club program.

Parent or Legal Guardian Signature _____ Date _____