

Bozeman Barracuda Pre-existing Condition Medical Release Form

In an effort to maintain swimmer safety and provide reasonable accommodations for all swimmers, this form must be completed prior to participation. Pre-existing conditions may include, but are not limited to: asthma, severe food allergies, seizures, heart conditions, diabetes, drug allergies, hearing loss, visual impairment, or any other condition that may put your child or others at risk in the pool.

- My child (name) _____ does **NOT** have a pre-existing condition that may affect the safety of themselves or others during their participation on the Bozeman Barracuda Swim Team.

Signature of Parent/Guardian _____ Date: _____

If your child's health status changes during the season, please resubmit this form immediately to ensure coaches are aware of the situation.

- My child (name) _____ **does** have a pre-existing condition that may affect the safety of themselves or others during their participation on the Bozeman Barracuda Swim Team. **Please have your physician complete the remainder of this form.** Please note that medical incidents related to pre-existing condition may or may not be covered by USA Swimming insurance. An online report of occurrence may be filled out by coaching staff at their discretion for the purposes of documentation, but no insurance claim will be made.

Current pre-existing condition(s): _____

Medications prescribed: _____

Suggested reasonable accommodations from physician for safe participation (attach additional pages if necessary):

Swimmer is cleared to participate in: _

___ 20 yard pool ___ 25 yard pool ___ Open Water

___ 25 Meter Pool ___ 50 Meter Pool ___ Dryland training

Physician Printed Name: _____ Phone number: _____

Physician Address: _____

Signature of Physician: _____ Date: _____

Signature of Parent/Guardian _____ Date: _____