

MEDICAL AUTHORIZATION FORM

I _____, <Parent/Guardian> hereby grant permission to Topeka Swim Association, Inc. ("TSA"), in case of injury, to have an athletic trainer and/or medical doctor provide _____ <swimmer name> with medical assistance and/or treatment.

Signature _____ Date _____
<Parent/Guardian>

If said swimmer is covered by any insurance company, please complete the following:

Name of Carrier: _____

Address: _____

Policy Number: _____

MEDICAL HISTORY QUESTIONNAIRE

Swimmer Name (Last, First, MI): _____

Date of Birth: _____ Sex: _____

Address: _____

Swimmer Home Phone: _____ Swimmer Work Phone: _____

Swimmer Cell Phone: _____

Parent(s)/Guardian(s): _____

Parent/Guardian Address (if different from above): _____

Parent/Guardian Phone Numbers: _____

Emergency Contact (different than Parent/Guardian): _____

Emergency Contact Phone: _____

Family Physician Name: _____

Physician Phone: _____

Family Dentist Name: _____

Dentist Phone: _____

Please circle the appropriate response. All information provided will remain confidential.

1. Has this swimmer ever had hospitalization, surgery, injury or serious medical illness? YES NO
If YES, please explain.

2. Is this swimmer now under the care of a physician and/or taking any medication? YES NO
If YES, please explain.

3. Has any physician ever recommended or do you feel there should be limits placed YES NO
on this swimmer's participation in Swimming? If YES, please explain.

4. Does this swimmer have any known allergies to medication? YES NO

5. Does this swimmer wear glasses or contact lenses? YES NO

6. Has this swimmer ever "blacked out" or lost consciousness during physical YES NO
Activity?

7. Does this swimmer have asthma or athletic-induced asthma? YES NO

If yes to any of the above, please specify under the answers or add a separate page if necessary.

Parent(s) Signature _____

Date: _____

Medical history will be kept in the strictest confidence. No information will be given unless an emergency situation arises. All swimmers must turn these forms in prior to participation. Please notify your swimmer's group coach if there are changes in medication or changes to other information provided in this form.