

MEDICAL QUESTIONNAIRE FORM TSUNAMI SWIM TEAM

The following questions are limited mostly to major problems we encounter with some frequency. If your swimmer has any other significant medical problems, please list them under item four (4) below. If any health problems arise during the season, please advise the coaching staff immediately.

ATHLETE NAME: _____ DATE OF BIRTH: _____

PARENTS (GUARDIANS): _____ T-Shirt Size (Circle One): YM, YL, AS, AM, AL, AXL, A2XL

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: (____) _____

CELL PHONE: (____) _____ E-MAIL: _____

FAMILY DOCTOR: _____ PHONE: (____) _____

Does the swimmer:

- | | | |
|---|--------|-------|
| 1. Wear glasses? | YES___ | NO___ |
| Have severe impairment without glasses? | YES___ | NO___ |
| Wear contacts? | YES___ | NO___ |
| 2. Have allergies? | YES___ | NO___ |
| Have asthma? Medication? | YES___ | NO___ |

DISCUSS: _____

3. Have seizures? YES___ NO___

If on medication, what kind? _____

4. Any other medical problems we should be aware? Please list briefly

5. List routine or occasional medication (s) and their purpose:

6. List any known drug allergies and the reaction:

DATE COMPLETED _____

TSUNAMI SWIM TEAM OF KANSAS CITY AUTHORIZATION AND RELEASE

_____ (**Athlete name**) has our permission and consent to travel and participate in USA Swimming sanctioned swim meets with the Tsunami Swim Team of Kansas City. In the event of illness or injury to said swimmer while traveling to or from, or while participating in any such meet, and after an attempt has been made to reach the parents or guardians of the child informing them of such injury, either the Tsunami Coaches, or any official chaperone may hereby authorize treatment by a physician or dentist for said swimmer as fully as we or either of us could do if we were present. In consideration of said child being permitted to travel with the swim team, and the further consideration of the coaches and/or other official chaperones accompanying the team, we do hereby release and agree to hold harmless, unless negligence is involved, the Tsunami Swim Team of Kansas City, Tsunami Swim Team of Kansas City Board of Directors, and the Coaches and official chaperones from any and all claims, liability, costs and expense arising out of or resulting from said swimmer going on any such meet or from the procurement of medical treatment for said swimmer as mentioned above.

This authorization is valid from September 1st through August 31st of each year this is executed.

SIGNED THIS _____ DAY OF _____ 20 _____

FATHER or Legal Guardian (1)

MOTHER or Legal Guardian (2)

_____ *Personal Medical Insurance Carrier/Group*

_____ *Personal Medical Insurance Policy Number*

In an emergency situation, where we are not reachable by the listed phone numbers, please contact:

Name

Phone

Relation

Consent for Website Publication

_____ *I consent to the publication of my child's name and/or photograph on the TST Website or other media including the team phone directory.*