

**Portland Aquatic Club Medical Authorization**  
 Updated 9.17 as per Oregon Swimming Inc. Form

Travel Trip Name \_\_\_\_\_  
 Travel Trip Date \_\_\_\_\_  
 Travel Trip Location \_\_\_\_\_

I do hereby voluntarily consent to necessary medical and/or surgical procedures and treatment by the medical facility/hospital chosen by Portland Aquatic Club for:

Printed Name of Athlete: \_\_\_\_\_

I am aware that the practice of medicine and surgery is not an exact science and I acknowledge that no guarantee is to be made to me of the result of the treatments or examinations by these persons or facilities.

_____ Signature of Swimmer	_____ Date
_____ Printed Name of Parent or Legal Guardian	_____ Date
_____ Signature of Parent or Legal Guardian	_____ Date

Phone numbers where relative or guardian can be reached in case of an emergency **during duration of time when your child is on this trip.**

Day \_\_\_\_\_ Evening \_\_\_\_\_  
 Email \_\_\_\_\_  
 Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone \_\_\_\_\_  
 Physician: \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH HISTORY**

<p>Allergies/ sensitivity:                  Penicillin YES <input type="checkbox"/> NO <input type="checkbox"/>                  Morphine, codeine, Demerol or other narcotics? _____                  Novocaine or other anesthetics? YES <input type="checkbox"/> NO <input type="checkbox"/>                  Aspirin, Emperin, Advil or other pain remedies? _____                  Sulfa drugs? YES <input type="checkbox"/> NO <input type="checkbox"/>                  Tetanus, antitoxin or other serums? _____                  Adhesive tape? YES <input type="checkbox"/> NO <input type="checkbox"/>                  Iodine or methiolate? YES <input type="checkbox"/> NO <input type="checkbox"/>                  Latex or rubber? YES <input type="checkbox"/> NO <input type="checkbox"/>                  Allergy to bee stings, insect bites or other? _____                  Allergy to foods such as eggs, milk, chocolate? _____                  Any other drug or medication(s) used regularly? List _____                  Last tetanus booster, if known: _____</p>	<p>Drugs taken within last six months:                  Cortisone YES <input type="checkbox"/> NO <input type="checkbox"/>                  ACTH YES <input type="checkbox"/> NO <input type="checkbox"/>                  Anticoagulants YES <input type="checkbox"/> NO <input type="checkbox"/>                  Tranquilizers YES <input type="checkbox"/> NO <input type="checkbox"/>                  High Blood Pressure YES <input type="checkbox"/> NO <input type="checkbox"/>                  Inhalers YES <input type="checkbox"/> NO <input type="checkbox"/> (please describe) _____                  Has swimmer rec'd treatment for:                  Asthma YES <input type="checkbox"/> NO <input type="checkbox"/> Date last treated _____                  Rheumatism YES <input type="checkbox"/> NO <input type="checkbox"/>                  Rheumatic Fever YES <input type="checkbox"/> NO <input type="checkbox"/>                  Head Injuries or Trauma YES <input type="checkbox"/> NO <input type="checkbox"/>                  Eczema/Skin Problems/Athlete's Foot YES <input type="checkbox"/> NO <input type="checkbox"/>                  Ear Problems YES <input type="checkbox"/> NO <input type="checkbox"/>                  Problems with any previous surgery or .surgical anesthetic YES <input type="checkbox"/> NO <input type="checkbox"/>                  Other Medical Condition Not Listed (please describe, use back page if needed) _____</p>
---	--

Portland Aquatic Club Medical Authorization Cont.  
Updated 9.17 as per Oregon Swimming Inc. Form

**Special Needs:**

Vision Restriction or Prescription Goggles YES  NO

Food Allergies (list) : \_\_\_\_\_

Food Restrictions (circle) Vegan Vegetarian No Dairy No Meat Other, Specify: \_\_\_\_\_

Has your child traveled away from home alone before i.e. summer camp, sleepovers, etc. ?

\_\_\_\_\_

Experienced separation anxiety? : \_\_\_\_\_

Any other special needs that we need to be aware of? \_\_\_\_\_

\_\_\_\_\_  
USE THIS SPACE FOR ANY OTHER ADDITIONAL COMMENTS/ INFORMATION &

ENCLOSE MEDICATION LIST IF NEEDED:

*Thank you for you cooperation! We look forward to a fun and safe trip!*

