



## 2017-2018 Los Angeles Synchronized Swim Club Medical History/Release Form

Participant, \_\_\_\_\_, has my permission to participate in training, competition, events, activities and travel with and associated with the Los Angeles Synchronized Swim Team. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify to the best of my ability that the participant named hereon is physically fit to engage in the activities described above.

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

### Medical History

	YES	NO	Comments/If taking medication, please explain on next page
Asthma			
Diabetes			
Epilepsy			
Orthodontics			
Mouth Appliances			
Wears glasses			
Wears contact lenses			
Immunizations Current			
Allergies			
Other			

Please explain any other concerns, health/medical conditions, or special needs here:

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***I affirm that the information contained herein is true and correct to the best of my ability.***

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

## 2017-2018 Los Angeles Synchronized Swim Club Dispensing Authorization Form and Disclaimer

I hereby certify my child, \_\_\_\_\_, may take the following over the counter medications while participating in training, competition, events, activities, and travel with and associated with the Los Angeles Synchronized Swim Team. I understand the medications may not be kept by my child, but will be safely held by the assigned chaperone and/or coach until needed. I fully understand that the chaperones and coaches are not medical personnel and they are not responsible for any complications that result from them giving my child any of the listed medicines. I hereby give the chaperones and /or coaches of Los Angeles Synchronized Swim Club permission to administer the following over-the-counter medications to my child, named above, if the chaperones or coaches deem it necessary. Dosages will be administered according to directions on the bottle unless a physician directs otherwise. I hereby certify that my child has not in the past shown any allergic or other adverse reaction to any of the medications which you hereby authorized to administer.

**Please initial next to all authorized medications:**

Diarrhea	Imodium
Poison Ivy	Calamine, Caladryl, Cortaid
Headache	Tylenol, Ibuprofen, Aleve
Cough	Robitussin
Other:	

Upset Stomach	Tums
Menstrual Cramps	Ibuprofen
Itching/Hives/Bug Bites	Caladryl, Benadryl
Sinus Headache/Congestion	Zyrtec, Sudafed

Remarks: \_\_\_\_\_

**If child is taking prescription medication, fill out the form below:**

I hereby certify my child is currently taking medication prescribed by a physician while participating in training, competition, events, activities, and travel with and associated with the Los Angeles Synchronized Swim Team. I understand the medications may not be kept by my child, but will be safely held by the assigned chaperone and/or coach until needed. I fully understand that the chaperones and coaches are not medical personnel and they are not responsible for any complications that result in them giving my child, \_\_\_\_\_, his/her medicine(s). I hereby authorize the chaperone and/or coach to dispense the following medications to my child in accordance with the following instructions:

Medications			
	Medicine #1	Medicine #2	Medicine #3
Medication Name:			
Date Prescribed:			
Doctor:			
Doctor's Phone:			
Dosage:			
Hours to be taken:			
Other Instructions:			

*Note: All medications must be in their original prescription bottle with label intact.*

**I hereby give permission for the above over the counter and/or prescription medications to be administered to my child by the assigned chaperone and/or coach of the Los Angeles Synchronized Swim Club.**

Child's Name \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_