Swimmer Medical History/Permission to Treat

Athlete’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Adult/Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES AND SENSITIVITIES-- Is there a history of skin or other untoward reaction or sickness following injection or oral administration of:

Penicillin
Morphine, Codeine, Demerol, or other narcotics Novocain or other anesthetics
Aspirin, emperin or other pain remedies
Sulfa drugs
Tetanus, antitoxin or other serums
Adhesive tape
Iodine or methiolate
Any other drugs or medications? Describe
Any food such as egg, milk, chocolate? Describe Allergy to insect bites, bee stings, other? Describe Date of last Tetanus booster?
Has swimmer ever received treatment for asthma? Other physical conditions we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May the following be given to my child for the immediate relief of pain/illness?

Pepto Bismol or similar Advil or Motrin
Tylenol
Tums or similar Benadryl

Printed Name of Parent/Guardian

Signature

Date