

MEDICAL AUTHORIZATION FORM

I hereby grant permission, in case of injury, to have an athletic trainer and/or medical doctor provide me with medical assistance and/or treatment.

Swimmer Name (Print): _____

If you are under 18 years of age, a parent/guardian must provide consent for you to be given medical assistance and/or treatment by signing immediately below.

Signature of Parent/Guardian: _____

Date: _____

If said athlete 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: _____

Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____

Parent Address (if different): _____

Home Phone: _____ Work Phone: _____

Emergency Contact (different person): _____

Home Phone: _____ Work Phone: _____

Family Physician Name: _____

Phone (home and/or work): _____

Family Dentist Name: _____

Phone (home and/or work): _____

Please circle the correct answer. All information will remain confidential.

- YES NO 1. Has this athlete ever had hospitalization, surgery, injury, or serious medical illness? Explain.
- YES NO 2. Is this athlete now under the care of a physician or taking any medication?
- YES NO 3. Has any physician ever recommended or do you feel that there should be limits placed on participation in competitive swimming?
- YES NO 4. Does this athlete have any known allergies to medication?
- YES NO 5. Does this athlete wear glasses or contact lenses? Date of last eye exam if "yes."
- YES NO 6. Has this athlete ever "blacked out" or lost consciousness during physical activity?
- YES NO 7. Does this athlete have asthma or athletic induced asthma?

If yes to any of the above, please specify under the answers or at bottom of this page. Add a separate page if necessary.

I/We consent to the participation of the above-named athlete in the Bettendorf Swim Club, Inc. program. In consideration of your accepting my child's entry in the swimming program, I hereby, for myself, my child, my heirs, my executors, and administrators, waiver and release any and all rights and claims for damages and injuries my child or I may have against Bettendorf Swim Club, Bettendorf Park & Recreation Department, Bettendorf School District, Iowa Swimming, Inc., USA Swimming, Inc., their representatives, successors, and assigns at any sponsored activity.

Furthermore, I also agree that both my child and all parents/guardians will abide by all rules and regulations governing said program.

Parent 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 this in before participation. Please notify your child's group coach if there are changes in medication or other subsequent medical information given in this form.