

Mitchell Aquatic Club Medical History and Consent Form 2009-2011

Swimmer (Full Name) _____ Date of Birth: _____ Gender: _____

Answer the following questions with **YES** or **NO**. Provide details for any YES answers.

I. **Is the swimmer in good health?** _____ (Details needed only if NO on I.)

II. **Have you ever had:**

ongoing or chronic illness? _____ broken or fractured bones? _____
dislocated joints? _____ heart murmur? _____
seizures? _____ head injury or concussion? _____
supplements or vitamins for weight control or performance improvement? _____
physician denial or restriction of participation in any activity due to a heart problem? _____
numbness or tingling in the arms, hands, legs or feet? _____
pinched nerve, stinger, or burner? _____
pain or swelling in muscles, tendons, bones or joints? _____

III. **In the past five years have you had:**

a major medical illness: _____ a major injury? _____
sprain, strain or swelling after an injury? _____ vision problems? _____
racing of heart or skipped heartbeats? _____ high blood pressure? _____

IV. **During or after exercise have you:**

had a rash or hives develop? _____ passed out? _____
been dizzy? _____ had chest pain? _____
found you tire more quickly than your friends? _____
become ill from the heat? -----
had trouble breathing (excessive coughing, sneezing)? _____

V. **Do you currently or within the last two months:**

take any prescription or over-the-counter medications? _____
have any allergies? _____
have any skin problems? _____
have frequent or severe headaches? _____
have asthma? (If YES, an inhaler MUST be poolside!) _____
wear glasses, contacts or protective eyewear? _____
use any special protective or corrective equipment or devices? _____
had a severe viral infection such as mononucleosis? _____
have any other health concerns that the coach should be told? _____

As the parent/guardian of _____, I give permission for the Mitchell Aquatic Club coach to give the immediate necessary authority for any medical or surgical treatment deemed necessary during my absence.

Signature of Parent/Guardian

Date

Parent/Guardian Name _____ email _____
Street Address _____ City, State, Zip _____
Phone: Home _____ Work _____ Cell _____
Emergency Contact Name/Phone _____
Family Physician/Phone _____
Insurance Company Name/Policy # _____