

MEDICAL FORM



Swimmer _____ Male _____ Female _____
(First name) (Last name)

Birth Date: day _____ month _____ year _____ Health Insurance # _____

Present Address _____
(Street) (Apt. #)

City _____ Province _____ Postal Code _____

Home Phone (_____) _____ Business Phone (_____) _____

Allergies or other Medical issues _____

Vaccinations: Regular childhood shots – up to date: Yes _____ No: _____
Hepatitis B shots (usually given grade 7): Yes _____ No: _____
Hepatitis A vaccination (optional): Yes _____ No: _____

Sleepwalking: Yes _____ No _____ / Sleeping Habits: _____

Prescribed Medication (swimmer is responsible to administer correct dosage, specify): Yes _____ No _____

Prescribed Medication (Chaperone is responsible to administer correct dosage, specify): Yes _____ No _____

Name: _____ time: _____

Other notes chaperones should know _____

Emergency contact name _____ (print)

Phone: Day (_____) _____ Night (_____) _____

I, _____, the parent/guardian of the above named swimmer give permission for him/her to receive emergency medical treatment, should this become necessary.

Date _____ Parent/Guardian _____

Any questions or concerns, please contact Gabi Altman Watson – Team Travel Director (905) 478-4967