

WCYM Swimmer Medical Information Form – One per family

Emergency Contact

If parents home/work, then cell numbers are primary check here _____ ; add others below if needed

If not parents home / work or cell numbers provide 2 contacts below:

Additional emergency contact

Phone

Additional emergency contact

Phone

Primary Care Doctor's Information / Specialists Information – if not the same for all swimmers use additional sheets

Primary Care Doctor Name

Phone #

Specialist's Name

Specialty – which swimmer?

Phone #

Specialist's Name

Specialty – which swimmer?

Phone #

Swimmer 1: Information

Last name

First name

Allergy / Condition

Medication / treatment

Allergy / Condition

Medication / treatment

Swimmer 2: Information

Last name

First name

Allergy / Condition

Medication / treatment

Allergy / Condition

Medication / treatment

Swimmer 3: Information

Last name

First name

Allergy / Condition

Medication / treatment

Allergy / Condition

Medication / treatment

If your swimmer has any medical conditions please consult with your doctor to be sure that competitive swimming is an acceptable activity for your child. It is your responsibility to learn of and communicate any special precautions that need to be taken into account. Use additional pages if required to communicate fully. If conditions such as asthma exist it is the parent's and swimmer's responsibility to know how to handle such conditions and to have required medications at EVERY practice and swim meet and kept in a location readily accessible to the swimmer. NO MEDS - NO SWIM. Rescue inhalers, if prescribed, should be kept available on deck. If the swimmer needs assistance they should ask for it, and they will be helped to a quiet place to recover; 911 will be called if necessary. A swim deck is a busy place and the coaches' focus will be on the group at large. If your doctor or parent is uncomfortable with the swimmer attending due to their medical condition without assistance the child should not participate.