LAKES REGION WAVEMAKERS - Medical Form

Date: _____

Swimmer Name: _____ Birthdate: _____

Physician Name & Phone #: _____

Please provide information if applicable:

Does your child have a disability or medical issue the coaching staff should be aware of? Yes No
If yes, please list:

_____

_____

Does your child currently take any medications? Yes No
If yes, please list:

_____

_____

Does your child have any allergies? Yes No
If yes, please list:

_____

_____

Has your child suffered an injury in the past 6 mos. that could affect their participation in the program? Yes No
If yes, please list:

_____

_____

Are your child's immunizations currently up to date? Yes No
If yes, please list:

_____

_____

I hereby stat that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of Parent/Guardian

_____