

HEALTH INFORMATION

CHILD'S NAME: _____

PLEASE INDICATE IF YOUR CHILD HAS ANY OF THE FOLLOWING MEDICAL CONDITIONS OR ANY OTHER MEDICAL CONDITIONS OF WHICH WE SHOULD BE AWARE. IF A PARTICIPANT HAS ANY MEDICAL CONDITION THAT REQUIRES MEDICATION OR EMERGENCY MEDICATION, PLEASE BE ADVISED THAT IT IS THE PARTICIPANT AND THE PARTICIPANT'S PARENT(S)/GUARDIAN'S RESPONSIBILITY TO HAVE WITH THEM AND ADMINISTER THAT MEDICATION AT ANY SWIM TEAM ACTIVITY.

_____ ALLERGIES. PLEASE EXPLAIN: _____

_____ ASTHMA. PARTICIPANTS WITH AN ASTHMATIC CONDITION SHOULD HAVE THEIR INHALER OR OTHER MEDICATIONS NEEDED WITH THEM AT ALL PRACTICES OR MEETS.

_____ HEART CONDITION

_____ DIABETES

_____ ALLERGIES TO BEES. PLEASE GIVE ANY SPECIAL INSTRUCTIONS IN CASE OF EMERGENCY:

_____ ANY OTHER MEDICAL CONDITION, PLEASE EXPLAIN:

CHILD'S DOCTOR'S NAME AND PHONE NUMBER: _____

INSURANCE CARRIER AND POLICY NUMBER: _____

I AUTHORIZE INDIAN LANDING BOAT CLUB, IT'S OFFICERS, EMPLOYEES, AGENTS, OR REPRESENTATIVES TO OBTAIN EMERGENCY MEDICAL CARE FOR MY CHILD, _____, IN THE EVEN THAT I AM UNABLE TO BE REACHED OR ANY OF THE ABOVE WRITTEN INDIVIDUALS ARE UNABLE TO BE REACHED.

PARENT'S SIGNATURE: _____ PARENT'S SIGNATURE: _____