

Community YMCA of Eastern Delaware County
LANSDOWNE YMCA
Swim Team Medical Information Form

GENERAL INFORMATION

Child's Name		Parent/Guardian
Date of Birth	Home Phone	Address
Age	Weight	City, State, Zip
<input type="checkbox"/> Male <input type="checkbox"/> Female	Height	Work Phone
Date of most recent well child exam		
Health History and medical information pertinent to routine swim team activities and emergencies (describe if any) NONE <input type="checkbox"/>		Allergies to food or medicine (describe if any) NONE <input type="checkbox"/>

IMMUNIZATION & SCREENING TEST RECORDS

Immunization	Immunization Date	Comments	Screening Test	Test Date	Comments
DtaP/DTP/Td			Lead		
Polio			Anemia (HGB/HCT)		
HIB			Urinalysis (UA)		
HEP B			Hearing		
MMR			Vision		
Varicella			Dental Exam		
Pneumococcal			Other Information		
Whooping Cough					
Tetanus					

KNOWN ALLERGIES OR HEALTH ISSUES

Bee Stings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:	Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Insect Bites	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Bladder/Kidney Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:	Convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Penicillin	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Recent Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:	Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does this child wear			Asthma/Wheezing		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Glasses or Contacts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing Problems		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Hearing Aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Ear Infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Artificial Limbs	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Rheumatic Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
				Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

To the best of my knowledge, all of the information provided is true; and I have listed all warnings and restrictions. I believe my child is in good health, and able to participate in all activities, unless otherwise specified. The YMCA has my permission to: obtain proper medical treatment for my child in the event of a medical emergency, including anesthesia and surgery; use photographs of my child in brochures and advertisements. I hereby indemnify and hold harmless the Community YMCA of Eastern Delaware County (Lansdowne YMCA), its staff and volunteers from all losses, claims or actions that may arise from any act, omission, event or incident of any nature, occurring while my child is engaged in any reasonable and normal activity sponsored by the YMCA.

Parent/Legal Guardian Signature & Date _____