



**FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**Community YMCA of Eastern Delaware County  
RIDLEY AREA 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) <b>NONE</b> <input type="checkbox"/>		Allergies to food or medicine (describe if any) <b>NONE</b> <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		Convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Penicillin	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aspirin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Bladder/Kidney Trouble <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:	Asthma/Wheezing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Does this child wear</b>				Hearing Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Glasses or Contacts	<input type="checkbox"/> Yes	<input type="checkbox"/> No		Ear Infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing Aids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Recent Surgery <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain:	Rheumatic Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Artificial Limbs	<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 to indemnify and hold harmless the Community YMCA of Eastern Delaware County (Ridley Area 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 \_\_\_\_\_