



# Spare Time Aquatics Swim Team

RIO DEL ORO RACQUET CLUB  
119 Scripps Drive, Sacramento, CA



## MEDICAL INFORMATION

Swimmer's Name \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Telephone: (\_\_\_\_\_) \_\_\_\_\_ Doctor's Emergency Number: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Does the swimmer wear glasses or contact lenses? Yes/No \_\_\_\_\_

Type of Blood \_\_\_\_\_

Allergic to any medications or substances? Yes \_\_\_ No \_\_\_ if yes List: \_\_\_\_\_

History of shoulder, back, head, or knee injury? Yes \_\_\_ No \_\_\_ (circle all that apply)

History of ear infections? Yes/No

History of seizures? Yes/ No

Do you take any prescription medicine on a regular basis? Yes/No. If yes list: \_\_\_\_\_

Is the swimmer current on all required immunizations? Yes/No

Are there anyother medical problems or condition the coach should know about Yes/No (Please Detail)

Have you ever had pains or a sensation of pressure in your chest that occurred with exertion lasting a few minutes and then subsided with rest? Yes/No

Do you have any known cardiac conditions that might prohibit an exercise program? Yes/No

Do you or any of your relatives have a history of heart disease? Yes/No

Do you experience unusual breathlessness or exertion that is more than experienced by others doing that same sports activity? Yes/No

Does your heart ever beat unevenly or irregularly or seem to flutter or skip beats for no apparent reason? Yes/No

Do you have any orthopedic problems that cause pain or limit motion in any way? Yes/No

Do you have asthma or any other respiratory ailment? Yes/No. Do you need to bring an inhaler to practice? Yes/No

If you have answered "yes" to any questions, please explain in further detail: \_\_\_\_\_

In the event that my child needs emergency medical treatment or hospitalization while at the **Spare Time Aquatics Swim Team**, I hereby give my permission for the rescue squad to be called and for emergency medical treatment to be given as required. Also, if deemed necessary for my child, to have them transported to the nearest hospital.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date:

\_\_\_\_\_  
Parent's/Guardian's Signature:

I/We also hereby agree to the provision of emergency medical procedures that may be required due to illness or injury which might arise out of the participation in the activities of STAS. to provide emergency medical treatment through a fully licensed hospital or through the family physician or dentist listed.

\_\_\_\_\_  
*Signature Relationship to Swimmer Date*

I certify that the above named swimmer is medically and physically able to participate in STAS Travel Meets

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: ALL swimmers must bring a copy of their USA Swim Card.