

**Green Bay Swim Club, Inc.**  
**Emergency Medical Authorization and Medical History Form**

*All swimmers must have this form on file before the first practice with the team*

**Emergency Medical Authorization**

I hereby grant permission, in case of injury, to have a medical doctor provide my child with medical assistance and/or treatment during an organized team activity if I cannot be reached.

**Name of athlete (last, first, middle initial):** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_

**Name of physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Preferred Hospital(s):** \_\_\_\_\_

**Medical History Questionnaire**

**Name (last, first, middle initial):** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent(s) Name:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Any known allergies:** \_\_\_\_\_

Please circle the correct answer. Information will remain confidential.

Yes No 1) Has this athlete ever had hospitalization, surgery, injury, or serious medical illness?

Yes No 2) Is this athlete now under the care of a physician or taking any medication?

Yes No 3) Has any physician ever recommended or do you feel there should be limits placed on participation in competitive sports?

Yes No 4) Does this athlete have any known allergy to medication or latex sensitivity?

Yes No 5) Does this athlete wear glasses or contact lenses? Date of last eye exam? \_\_\_\_\_

Yes No 6) Has this athlete ever blacked out or lost consciousness during physical activity?

If yes to any of the above, please specify in the space provided or on the back:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_