



# Medical Profile & Release Form

(To be filled out completely by parent or guardian)

Last Revision 8/6/16

Swimmer Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Swimmer Address \_\_\_\_\_  
Street City ST ZIP

Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

## **Health History:**

Allergies: (Check if applicable)

Chronic/Recurring Illness: (Check if applicable)

- \_\_\_ Hay Fever
- \_\_\_ Asthma
- \_\_\_ Ivy / Oak
- \_\_\_ Insect Stings
- \_\_\_ Foods
- \_\_\_ Drugs

- \_\_\_ Earaches
- \_\_\_ Sinus
- \_\_\_ Heart
- \_\_\_ Epilepsy
- \_\_\_ Other
- \_\_\_ Please specify \_\_\_\_\_
- \_\_\_ Throat Problems
- \_\_\_ Infections
- \_\_\_ Stomach
- \_\_\_ Diabetes

Current Medications & Other information: \_\_\_\_\_

**Emergency Contact: #1:** \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Contact: #2:** \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

**Emergency Contact: #3:** \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ ID# \_\_\_\_\_ Plan #: \_\_\_\_\_

(Attach to this form a copy of both sides of your Insurance Card.)

Physician Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case above named Swimmer is ill, sick, impaired, and/or injured whereby s/he needs medical assistance or needs to be treated, Parent(s)/Guardian(s) or Emergency Contact(s) of said Swimmer will be contacted immediately.

Should Parent(s)/Guardian(s) or Emergency Contact(s) not be reachable within a reasonable, timely and safe time frame, then I/We hereby authorize my/our child to be treated in my/our absence.

I/We hereby authorize Coaches of my daughter's synchronized swimming club or the bearer of this statement, who serves as a chaperone for my child, to seek emergency medical treatment for my/our child.

I/We agree to notify the Secretary of the Indy Synchro Board immediately as to any information changes related to this form.

✓ \_\_\_\_\_ ✓ \_\_\_\_\_  
Parent(s)/Guardian(s) Signature(s)

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