

# Levin JCC Water Dragons Swim Team Health History Form

No child will be permitted on Swim Team without a form on file. You must complete a new form each summer.

## SWIMMER INFORMATION

Swimmer's Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
LAST FIRST MI

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY/TOWN STATE ZIP

Parent/Guardian: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship \_\_\_\_\_ Address (if different from above): \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship \_\_\_\_\_ Address (if different from above): \_\_\_\_\_

## AUTHORIZED PICK UP

Please list anyone authorized to pick up your swimmer (e.g, grandparent, baby sitter). Anyone not listed must have written permission from a parent/guardian to pick up a swimmer. We will ask to see photo ID.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

**HEALTH CARE PROVIDER:** Name of swimmer's physician: \_\_\_\_\_ Phone \_\_\_\_\_

## HEALTH HISTORY

Include relevant dates. Please notify the Aquatics Director if your swimmer has been exposed to any communicable disease.

Food/medication/environmental allergies and their effect on

swimmer: \_\_\_\_\_

Does your child carry an asthma inhaler? \_\_\_\_\_ Will you be sending an EpiPen? \_\_\_\_\_

Describe any operations, serious injuries, chronic or recurring illness including seizures: \_\_\_\_\_

List all current medications: \_\_\_\_\_

List any additional medications taken during the school year: \_\_\_\_\_

Swimmers Name: \_\_\_\_\_

**ADDITIONAL INFORMATION**

At the Levin JCC we seek to provide a positive, inclusive environment for all participants. Please help us ensure a meaningful and fun experience for your child by providing the information below.

Does your swimmer have any health, developmental, social, behavioral, or emotional concerns we should be aware of? \_\_\_\_\_

**INSURANCE INFORMATION**

In case of injury, swimmers own health insurance policy will cover medical cost. The JCC does not provide medical insurance.

Do you carry family medical insurance?  Yes  No Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted by me. The person herein has had a physical examination by his/her doctor within the last year and is in good health to participate in the Levin JCC Water Dragons. I hereby give permission to the physician selected by the JCC staff to order X-rays, routine tests and treat for the health of this person in the event of an emergency. I hereby give permission to the physician selected by the JCC staff to emergency transport, hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for the personas named above in the event of an emergency if I cannot be reached.

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**MEDIA RELEASE**

Yes  No I hereby give the Levin JCC and all persons acting with its permission, the absolute right and unrestricted permission to obtain, use, copyright, and/or publish photographic portraits or pictures of the above-named registrant, whether such pictures are still, moving, single or with others; in conjunction with the registrant's own name or another fictitious name. It is my understanding that such picture(s) are for the purpose of art, advertising, trade, and any other lawful purpose whatsoever. I understand further that I will not have any opportunity to approve or review the finished product that may be used in connection therewith or the use to which it may be applied.

I HAVE READ AND UNDERSTAND THIS AGREEMENT   /  /   \_\_\_\_\_  
date parent's or guardian's signature