



Swimming & Water Safety Medical Form

Child's name:.....

Room Number:.....

Classroom Teacher:.....

Person to be contacted in an emergency:.....

Relationship to child:.....

Emergency phone number:.....

Medicare number:.....

Health insurance number (if any):.....

Medical information (This information can protect your child)		
Medical condition		Further information or further instructions
ALLERGY (Particularly bee-sting allergy)	Yes/No	
BREATHING DISORDER (Particularly asthma)	Yes/No	
EAR DISORDER (Particularly drainage tubes or deafness)	Yes/No	
EPILEPSY (Whether mild or severe)	Yes/No	
FAINTING/DIZZY SPELLS (Or other sudden loss of consciousness)	Yes/No	
OTHER RELEVANT INFORMATION	Yes/No	

Signed:..... **Date:**.....