

PRSC Medical Form

Swimmer

Full Name: _____

Date of Birth: _____

Gender: M / F

1. Does the swimmer have **asthma**? Yes / No

If yes please specify. _____

Please attach the swimmer's **asthma action plan** to this form.

Please note it is your responsibility to ensure the swimmer has their appropriate medication (e.g. Ventolin) with them at all times.

2. Does the swimmer have **allergies**? Yes / No
Does the swimmer have **anaphylaxis**? Yes / No

If yes please specify. _____

Please attach the swimmer's **allergy/anaphylaxis action plan** to this form.

Please note it is your responsibility to ensure the swimmer has their appropriate medication (e.g. EpiPen, antihistamine) with them at all times.

3. Does the swimmer have any **other medical conditions**? Yes / No

If yes please specify. _____

4. Does the swimmer take any **other medication** regularly? Yes / No

If yes please specify. _____

Please note it is your responsibility to ensure the swimmer has any required medication with them at all times.

5. Has the swimmer had any **injuries** in the last 5 years? Yes / No

If yes please specify. _____

Emergency Contact

Full Name: _____

Relationship to swimmer: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile: _____

In the case of an emergency, I give permission for my child to undergo any necessary treatment.

Parent/Guardian name: _____

Parent/Guardian signature: _____ Date: _____