

# K-W WATER POLO CLUB

## Medical Form

<b>Date:</b>	
<b>Swimmer's Name:</b>	
<b>Emergency Contacts:</b>	
<b>Mother's Name:</b>	
<b>Home Phone :</b>	
<b>Work Phone:</b>	
<b>Farther's Name:</b>	
<b>Home Phone:</b>	
<b>Work Phone:</b>	
<b>Allergies: (please list)</b>	
<b>The doctor should be made aware of the following medical conditions, which currently affect my child.</b>	<b>None</b> <input type="checkbox"/> <b>Or</b> <b><u>LIST Conditions:</u></b>
<b>Current Medications:</b> <b>(If the child is unable to manage his/her own medication which the child requires and with written instructions on the correct use of the medication.)</b>	<b>None</b> <input type="checkbox"/> <b>Or</b> <b><u>LIST Medications:</u></b>

The chaperones and/or team coach will make reasonable efforts to contact parents in the event that a swimmer requires medical care. The chaperones will use the contact numbers provided above. It is the responsibility of the parents to ensure that contact information on file with the Club is up to date.