

# **2024 BERLIN DOLPHIN SWIM TEAM**

## **MEDICAL INFORMATION – One form per participant**

**PLEASE CHECK ONE:** Junior Swim Team \_\_\_\_\_ Senior Swim Team \_\_\_\_\_

**NAME OF PARTICIPANT** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

**NAME OF PARENT OR GUARDIAN** \_\_\_\_\_

**PHONE NUMBER – HOME** \_\_\_\_\_

**WORK** \_\_\_\_\_

**CELL** \_\_\_\_\_

**EMERGENCY PERSON TO CONTACT OTHER THAN PARENT OR GUARDIAN**

\_\_\_\_\_ **PHONE** \_\_\_\_\_

**YOUR DOCTOR TO CALL** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**HOSPITAL** \_\_\_\_\_

Does the participant have any health problems, which may require emergency action while attending the program? List below any special circumstances or health concerns of participant(s) (medications, allergies, bee stings, seizures, etc.) Staff will not administer any medications except epi-pen for children 16 years of age and younger upon written request accompanied by parents written authorization and written order of a physician, physicians assistant or advanced practice registered nurse. The Berlin Parks and Recreation Department will accommodate as many requests as possible to the extent it can be done with reasonable control and safety. Forms to be completed for authorization are available at the Berlin Parks and Recreation Department.

\_\_\_\_\_  
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Is the participant on any long term medication that we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify \_\_\_\_\_