

# DYNAMO SWIM SCHOOL

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### MEDICAL INFORMATION

This form should be filled out, signed, and returned to the swim school. It may be faxed to (770) 772- 0390 for Alpharetta, (770) 451- 6571 for Chamblee.

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

DOES YOUR CHILD HAVE ASTHMA? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES, ARE THE ATTACKS EXERCISE INDUCED? \_\_\_\_\_ Yes \_\_\_\_\_ No

IF YES, PLEASE HAVE THE APPROPRIATE MEDICATION IN CASE OF AN EMERGENCY.

DOES YOUR CHILD HAVE OTHER SPECIAL MEDICAL CONDITIONS? IS THERE OTHER RELEVANT INFORMATION ABOUT YOUR CHILD THAT WE SHOULD KNOW IN ORDER TO GIVE THE BEST POSSIBLE SWIM LESSON? (Please include Attention Deficit Disorder, speech delays, skill delays, allergies, seizures, etc.)

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PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_