

**Potomac Marlins Medical Report
2004-2005 Season**

Swimmers Name: _____ Age: _____ Male Female

Address: _____ Birthday: _____

Mothers Name: _____ Phone: _____

Fathers Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Doctors Name: _____ Phone: _____

Special Medical Conditions or Past Injuries: _____

Symptoms of Conditions or Injuries: _____

Emergency Treatment for Conditions or Injuries: _____

Medications currently being taken: _____

Medication reactions: _____

Alleries: _____

Does your child have learning disabilities? YES NO

Please explain:

Is your child: A.D. or A.D.H.D. ?

(If yes, please circle which one so we are better able to work with your child)

Is there any reason why your swimmer can not under go intense physical training?

YES NO

(If yes, please explain) _____

Parent(s) Signature: _____ Date: _____