**Oak Hill Pool Swim Test 2023**

**For Ages 9-14**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Last Name | | First Name | | | | Age |
| Sibling | Age | | Sibling | | Age | |
| Address | | | | | | |
| City | | State | | Zip Code | | |
| Primary Contact Number: | | Primary Contact Name: | | | | |
| Primary Insurance Co. | | Primary Insurance Numbers & Group | | | | |

|  |  |  |
| --- | --- | --- |
| **Allergies** O NoneO UnknownMedical Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Chronic Illnesses**  O None  O Asthma  O Bleeding Disorder  O Cancer  O COPD  O CVA / TIA  O Diabetic | **Current Medications**  O None O Unknown \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any restriction or activity for medical reasons:** |
|  | | |
| **I (lifeguard), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby certify that the above named child(ren) has successfully swam the length of the Oak Hill Pool on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and may now remain on the premises to swim without parental supervision.** | | |
|  | | |

**Past Medical History**

**Emergency Contact Information**

|  |  |
| --- | --- |
| Primary Physician | Physician Phone Number |
| Primary Contact Name & Relationship | Primary Contact Phone Numbers |
| Secondary Contact Name & Relationship | Secondary Contact Phone Numbers |

Parental Consent:

In the event that I cannot be reached in an emergency, I hereby give permission to the emergency Medical Service or Physician, selected by Oak-Hill Recreation, Inc, employee, swim instructor, or board member, to secure proper medical attention for my child(ren) as listed above.

**Signature of Parent or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**