**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 None O Unknown Medical Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Chronic Illnesses**O NoneO AsthmaO Bleeding DisorderO CancerO COPDO CVA / TIAO 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**