

SWIMMING/MEDICAL INFORMATION FORM

Child's Name _____

EMERGENCY CONTACTS:

In case we are unable to reach you please list two individuals we can contact:

1) Emergency Contact Person _____

Emergency Contact Phone # _____ Relationship to Camper _____

2) Emergency Contact Person _____

Emergency Contact Phone # _____ Relationship to Camper _____

SWIMMING ABILITY Please designate which level your child is at based on the descriptions provided.

_____ **Non-swimmer:** restricted to shallow areas only, under close supervision. Not allowed in deeper waters over 3 feet or off the diving boards.

_____ **Beginner:** Allowed to swim up to 5 feet of water, however, they are still restricted from the diving boards.

_____ **Intermediate:** May go anywhere in the pool, however, they must be accompanied by a camp staff member in order to go off of the diving boards.

_____ **Advanced:** No restrictions.

Comments

(The staffs of Camp Mudd and Oakland pool reserve the right to restrict your child from an area of the pool or submit them to a swimming test if we are not fully confident of the child's ability. A parent's written consent is required to increase a child's swimming level.)

MEDICATIONS

Please list any medications your child is taking. *

HEALTH CONDITIONS

Please list any specific problems, allergies, conditions, food restrictions, and any other pertinent information.

Hospitals will not accept medical release form from Camp Mudd. In the event that your child is injured and requires hospital treatment, the hospitals require the parent or guardian to be present when they sign a medical release form. The hospital informed us that having current medical information available would still be very helpful.

* Please note: If any medication is to be administered to your child we must have you written permission to do so as well as all pertinent information such as: dosage proper administration procedures , etc. Please sign below to signify that you have communicated this information with the Y Staff and you authorize the camp staff to administer the medication according to the prescription.

Signed _____ Date _____