

Special Programs

CAMPBELL SPORTS CENTER
Health History Form

Student Name: _____ Child's D.O.B.: _____

Parent/s Name: _____ Parent Phone: _____

Parent Alternate Phone: _____ Parent Email: _____

Address: _____

Emergency Contact Name: _____ Relationship to Student: _____

Phone: _____ Alternate Phone: _____

If someone other than the parent will be responsible for the above-named child while he or she is at the Sports Center, please list their name, contact information, and relationship here:

Alternate Contact Name: _____ Relationship to Student: _____

Phone: _____ Alternate Phone: _____

PERSONAL HISTORY

Has your child had or does he or she have: (check all that apply)

- Asthma
- Diabetes
- Epilepsy/Seizure
- Heart Valve Defects
- Major Surgery

****If any of the above are checked, please give details on the reverse side of this form.***

Please list and describe any medical conditions that may prevent your child from swimming safely:

Is there anything you would like our staff to be aware of while your child swims at the Campbell Sports Center? If yes, please describe:

Please list any medications your child is presently taking, you may use the reverse of this page if necessary:

Medication: _____ Reason: _____

Medication: _____ Reason: _____

I certify that the above information is complete and accurate. I understand and agree to follow all policies and procedures set forth by the College. I understand that these are children's swimming lessons and agree to follow the policies of the Children's Aquatics Program. I agree to use the Campbell Sports Center and its facilities at my and my child's own risk. I understand that Sarah Lawrence College is not liable for any injuries occurring to me or my child while using this facility. I assume responsibility for my child's physical condition and health prior to, during, and after the use of the Campbell Sports Center, hereby indemnifying the Campbell Sports Center employees, and Sarah Lawrence College from any claims.

I have read and understand this form completely. Any questions which have occurred to me have been answered to my satisfaction.

Parent Name (printed)

Parent Signature

Date