

HEALTH HISTORY FOR SWIM LESSONS (confidential info for lifeguards)

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

The purpose of this health history is so that the swim instructors have the most up-to-date information about your child for safety purposes. Please circle the following regarding your child:

Y N ADD/ADHD comments: \_\_\_\_\_

Y N Allergies, if so, what (i.e. food, bee stings, latex) \_\_\_\_\_

Y N Asthma

If yes, does your child use an inhaler? Y N

Y N Diabetes

If yes, please list symptoms of low blood sugar: \_\_\_\_\_

\_\_\_\_\_

Y N Hearing problems. If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Y N Physical limitation. If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Y N Seizures. If yes, type? \_\_\_\_\_

Healthcare provider? \_\_\_\_\_ Phone: \_\_\_\_\_

How often do they occur? \_\_\_\_\_

What does a typical seizure look like and how long does it last? \_\_\_\_\_

\_\_\_\_\_

In the event of a seizure, what would you like us to do? \_\_\_\_\_

\_\_\_\_\_

Please explain any other behavioral or medical issues we should know about \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_