



Easterseals Rehabilitation Center
3701 Bellemeade Avenue
Evansville, IN 47714
Therapeutic Pool 812.474.2365

Swim Lesson Health History

Child's Name: _____ Date: _____

Parent/Guardian Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Child's Date of Birth: _____

Physician's Name: _____

Phone Number: _____

Emergency Contact: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship: _____

Please list any medications your child takes on a regular basis: _____

It is important for scheduling and planning that you list all medical conditions or special needs of your child, including asthma and diabetes. This will allow the instructors to better accommodate your child so that he or she can get the most benefit from swimming lessons. Please list any such medical information below:

Please list any known allergies to food, drugs, or other materials (or state "No known allergies").

I give permission for my child to participate in Easterseals Rehabilitation Center swim lessons.

Signature of parent/guardian

Date signed