

BARBER NATIONAL INSTITUTE
NWPA-ASA MONTHLY FAMILY SWIM
PARENTAL APPROVAL FORM

Please Note: SIGNATURE OF PARENT/GUARDIAN IS REQUIRED

NAME OF CHILD _____ AGE _____

ADDRESS _____

PARENT OR GUARDIAN NAME _____

TELEPHONE NUMBER _____

MEDICAL CONDITIONS OR CONCERNS:

1. SEIZURE DISORDER Yes _____ No _____
 Within the last year Yes _____ No _____
 Controlled by Medication Yes _____ No _____

2. Specific Precautions: If the above mentioned person has a chronic condition
 In any of the following areas, please explain briefly.

TUBES IN EARS:

EYE INFECTIONS:

SKIN IRRITATIONS:

POOR BALANCE:

OTHER:

I understand by my signature that permission is granted to the Dr. Gertrude A. Barber National Institute staff to provide medical aid or assistance for the above mentioned person until emergency personnel arrives, if required.

<p>I hereby give my permission for my child to attend this swim program</p> <hr style="border: none; border-top: 1px solid black;"/> <p>Parent/Guardian Signature</p> <p>Please send a bathing suit and towel for your child. Also, please send any of the following, if necessary, for your child: bathing cap, ear plugs, goggles, swim diapers. Thank you.</p>
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Periodic Information review: I have reviewed the information above and have found it to be accurate.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date