



**OVERLAND PARK WAVES  
SWIM & DIVE TEAM**

**MEDICAL FORM**

Please Print Clearly:

First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_

Swimmer \_\_\_\_\_ or Diver \_\_\_\_\_

Please list in detail the participant's medical history, medical problems and any medications presently being taken in the space provided below. This information will be given to the coaches and staff on an as needed basis. If you require additional space, please type on separate form and attach it to this form.

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Does not apply to my child \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date