

Swim Information Form

Student Name: _____ **Grade:** _____ **Date:** _____

School: _____ **Teacher Name:** _____

Emergency Contact: _____ **Phone:** _____

Parent/ Guardian: _____

Medical Diagnosis: _____

Other Medical Information: _____

Medications: _____

Health Plan (if yes, please attach) Yes No **Behavior Intervention Plan** (if yes, please attach): Yes No

Bathroom (circle one): Independent Not Independent **Swim Pants Needed** (circle one): Yes No

Swimming Experience: _____

Floatation Required: Yes No

Student swim goals to work on: _____
