

Has your child ever been diagnosed with a heart-related illness? Yes No

If yes, please explain: _____

Child's last tetanus booster? _____

In the event that your child is in an accident or suffers from a sudden illness, Bethel Pool Staff will treat your child and emergency medical help will be called if deemed necessary. Every effort will be made to reach a parent/guardian first (IF the child is on site alone), and the emergency contact second. By signing below, you are agreeing to this process.

Parent/Guardian Signature

Date

Please note: This health form is used only to identify things that could affect your child's safety and wellbeing while enjoying our pool and facility. Forms are viewed only by the Pool Director and Head Lifeguard, and are stored in a binder in the pool office for quick retrieval in case of an emergency. ALL forms are shredded at the Town Office immediately after the pool closes in August.