

Medical Information and Consent Form

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| SWIMMER'S NAME | DOB |
| ADDRESS | HOME TELEPHONE MOBILE NUMBER |
| EMAIL ADDRESS | SCHOOL/COLLEGE |
| PARENT/CARER'S (1) NAME | PARENT/CARER'S (2) NAME |
| MOBILE NUMBER WORK NUMBER | MOBILE NUMBER WORK NUMBER |
| FAMILY GP | GP TELEPHONE NUMBER |
| OTHER EMERGENCY CONTACT NAME CONTACT NUMBER | RELATIONSHIP |

Please tick YES/NO and give details as necessary

Does your child have any specific medical conditions requiring medical treatment/medication?

YES Give details

NO

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Does your child suffer from Asthma?

If yes give details of medication if required and indicate if registered with the ASA.

YES Give details

NO

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Does your child have any known allergies?

YES Give details

NO

Does your child have any special dietary needs?

YES Give details

NO

Do you consider your child to have a disability (physical, visual, hearing) or learning/recognised behaviour problems that could affect training ability or behaviour whilst training?

YES Give details

NO

1. The information given above is accurate and complete to the best of my knowledge.
2. I will inform Soundwell Swimming Club if any changes occur to the information given.
3. It may be necessary, at some time, for teachers, coaches or team management staff who are accompanying your child to have authority to obtain any urgent medical treatment that may be required. By signing the consent you are giving permission for any medical treatment necessary that is recommended by a competent medical practitioner, where it would be contra-indicated in the doctor's medical opinion, for any delay in treatment whilst your consent is sought.
4. I am aware of the activities likely to be undertaken within the club and consent to my child taking part. I acknowledge that the club will be liable in the event of an accident only if they have failed to take reasonable steps in their Duty of Care for my child. I understand that the staff have a common law duty to act in the capacity of a reasonably prudent parent.
5. I have read the clubs Code of Conduct and agree that my child should abide by this whilst in the care of the club and I understand that a serious or continued breach of this code may result in my child being sent home at my expense.
6. I give consent to my child having photographs/video taken for training purposes or for display on Soundwell Swimming Club website.

Signed by Parent/Guardian
(Under 18)

.....Date.....

Club Swimmer Signature:.....Date.....

