

Medical Information Form

Swimmer Name	Date of Birth

To be completed by members 18 years or over, or by parents/carers of swimmers under 18 years. Please delete Yes or No as appropriate and complete further details as necessary.

Do you or does your child have any specific medical conditions requiring medical treatment and/or medication? Yes/No	If yes, please give details:
Do you or does your child have any allergies? Yes/No	If yes, please give details:
Do you or does your child take any regular medication? Yes/No	If yes, please give details:

I understand that, in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the club. Information will not be kept once a person is no longer a member of the club. The information will be disclosed only to those members of the club whom it is appropriate and relevant officers of the Amateur Swimming Association or British Swimming.

Signed (Swimmer): _____ Date: _____

Signature of Parent/Carer (if swimmer is under 18 years): _____

It may be essential at some time for the Club Coach or Team Manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment which may be required whilst at a competition with Heath Town Swimming Club. Would you therefore please complete the details on this form and sign below to give your consent.

I, _____ being the parent/carer of the above named child hereby give permission for the Coach or Team Manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of Consent by Parent/Carer: _____

Print Full Name: _____

Date: _____

Please return this form to: _____