



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.

The Disability Discrimination Act 2004 defines a disabled person as anyone with physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.			
Do you consider this child to have an impairment		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the nature of their disability?	<input type="checkbox"/> Visual impairment	<input type="checkbox"/> Learning disability	<input type="checkbox"/> Hearing impairment
	<input type="checkbox"/> Multiple disability	<input type="checkbox"/> Physical disability	<input type="checkbox"/> Other (please specify)
Medical information			
Please detail below, any important medical information that our club need to know. Such as: allergies, medical conditions e.g. asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and / or any injuries.			
Name of child's doctor and surgery			
Doctors telephone number			

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 for whom it is appropriate and relevant officers of the Amateur Swimming Association or British Swimming.

Signed (Swimmer):

Date:

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

For Parents/Carers of swimmers 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 (insert name of club) 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: Barbara Jones

