

SOUTHWOLD SWIMMING CLUB

Medical Information and Consent Form

To be completed by the parent(s) or guardian(s) of all children under 18 and all swimmers 18 and over.

Swimmer's Name	Date of birth
Address	
Postcode	
Home telephone	Mobile telephone
Email address	

Parent (1)name:	Parent (2)name:
Mobile telephone no.	Mobile telephone no.
Work telephone no.	Work telephone no.
Family GP	GP tel. no.
Other contact in case of an emergency	
Name	Relationship
Address	Telephone Number

Does your child have any specific medical conditions requiring treatment and / or medication. YES / NO
 If so, please give details – including dosage & frequency of any medication:

Does your child take any medication for asthma? YES / NO
 If yes, please give details and indicate whether you are formally registered as asthmatic with the ASA:

Does your child have up to date tetanus cover? YES / NO

Does your child suffer from any disabilities (physical, visual or hearing) or learning / recognised behavioural problems that could affect their behaviour while training eg ADHD? YES / NO
 If so, please give details:

Does your child have any specific dietary needs? YES / NO
 If so please give details:

DECLARATIONS

<ol style="list-style-type: none"> 1. To the best of my knowledge and belief, the information given above is complete and accurate. 2. I undertake to keep the Club informed of any changes that may arise in relation to the above information. 3. It may be necessary, at some time, for teachers, coaches or team management staff accompanying your child to have the necessary authority to obtain any urgent treatment which may be required. By signing the declaration below, you are giving consent for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to your child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking your personal consent. 4. I am aware of the type of activities likely to be undertaken 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 reasonable prudent parent. 5. I am aware of the Club's rules, Disciplinary Policy, and Codes of Conduct, and acknowledge the need for my child to abide by these conditions at all times. Failure to do so may result in sanctions being applied. In the event that such action involves expense, I accept responsibility to meet any such costs reasonably incurred.

Signed by Parent / Guardian _____ Date _____