



Lydney Swimming Club



Medical Information Form

To be completed by parents/guardians/carers of swimmers under 18 years
(Delete as Appropriate)

Title:	Forename:	Middle Initials:
Known as:		Surname:
Date of Birth:		
Address:		
Post Town:		
Post Code:		
Tel:		email

Parent's/Guardian's/Carer's Details

Surname:	Surname:
First Name(s):	First Name(s):
Address incl. Postcode: (If different from above)	Address incl. Postcode: (If different from above)
Tel. No. Home	Tel. No. Home
Mobile:	Mobile:
Work:	Work:
Email:	Email:

Additional Emergency Contact Details

Please complete below an alternative name, address and telephone contact details
**i.e. another family member or a friend, who could be contacted should any of the above
Not be available. Please also state relationship to swimmer**

Name:
Address:
Telephone No's:
Relationship to swimmer:

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 your child to have impairment?

Yes/No

If yes, what is the nature of their disability?

Visual Impairment; Multiple Disability; Learning Disability; Physical Disability; Hearing Impairment; Other

Please give details: _____

Medical information

Does your child/have any specific illness/medical condition requiring medical treatment and/or medication?

YES/NO

If yes, please give details: _____

Is your child/receiving any medical treatment or taking any medication at present?

YES/NO

If yes, please give details: _____

Does your child/suffer from any allergies (e.g. hay fever) and/or allergic to anything (e.g. antibiotics, Elastoplast, aspirin or any such medicines, any particular food, etc.)?

YES/NO

If yes, give details: _____

Is your child/actively sensitive to penicillin?

YES/NO

Is your child's/Polio & Tetanus injections up to date?

YES/NO

Any other relevant information?

YES/NO

If yes, please give details: _____

Name of Doctor: _____ Tel. No. _____

Address: _____

IF AT ANY STAGE YOUR CHILD COMES INTO CONTACT WITH ANY INFECTIOUS ILLNESS/DISEASE PLEASE INFORM THE CLUB IMMEDIATELY

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.

SIGNATURE (Parent/Guardian/Carer): _____ PRINT NAME: _____

DATE: _____

[For Parents/Guardian/Carers of Swimmers under 18 years of Age](#)

Swimmer's Name: _____

Date of Birth: _____

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 Lydney Swimming Club. Would you therefore please complete the details on this form and sign below to give your consent.

I, _____
being the parent/guardian/carer of the above named child, hereby give permission for the Coach or Team Manager to give any 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 Doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of Consent (Parent/Guardian/Carer): _____

Print Full Name: _____

Date: _____

[Please return this form to the Membership Secretary](#)

(October 2014)