

FARNHAM SWIMMING CLUB - Medical Information Form

Swimmer Name	Date of Birth

To be completed by members 18 years or over, or by parents/guardians/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
Any other relevant information	

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/Guardian/Carer (if the swimmer is under 18 years):

For Parents/Guardians/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 Farnham Swimming Club. Would you therefore

I, _____ being the parent/guardian/carers 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/Guardian/Carer: _____

Print Full Name: _____ Date: _____

Please return this form to: Tanya Chalkley & Melissa Juniper, Club Welfare Officers, 44 The Crescent, Farnham, Surrey GU9 0LG