



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? <p style="text-align: right;">Yes/No</p>	If yes, please give details
Do you or does your child have any allergies? <p style="text-align: right;">Yes/No</p>	If yes, please give details
Do you or does your child take any regular medication? <p style="text-align: right;">Yes/No</p>	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/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 Carnforth Otters 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 necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where in the doctors medical opinion, any delays incurred by seeking my personal consent would be contrary to my son/daughter's best interests.

Signature of Consent by Parent/Carer: _____

Print Full Name: _____

Date: _____

Please return this form to: Membership Secretary, Carnforth Otters ASC