

## Medical Information Form

Swimmers Name:

D.O.B.

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. Please return to the club desk.

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? (Please circle)

**YES**

**NO**

If yes, what is the nature of their disability? (Please circle as appropriate)

Visual impairment

Learning disability

Hearing impairment

Multiple disability

Physical disability

Other (please specify)

### Medical Information

Please detail below any important medical information that our club needs to know, such as: allergies, medical conditions e.g. asthma, orthopedic problems, any current medication, special dietary requirements and / or any injuries.

Name of child's doctor and surgery:

Doctor's 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 of British Swimming.

Signed (Swimmer):

Date:

Signature of Parent / Carer (if 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 Carn Brea Helston 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's/daughter's interest, in the doctor's medical option, for any delay to be incurred by seeking my personal consent.

Please note that without Emergency Medical Consent we are unable to take your child away to any event unless accompanied by a legal guardian

Your child may be selected to represent CBHSC in Team Galas. The information and consents on this form will be used. It is the Parents responsibility to update the club if your child's medical situation changes.

Signature of Consent by Parent/Carer:

Date:

Print full name:

Emergency Contact Number 1:

Emergency Contact Number 2: