



## Medical Information Form

To be completed by members 18 years or over, or by parents/carers of swimmers under 18 years.

Swimmer's Name	Date of Birth

The Equality Act 2010 defines a disabled person as anyone with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to carry out normal daily activities.

Do you consider your child to have an impairment (Please circle)                      Yes                      No

If yes, what is the nature of their disability? (Please tick 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, epilepsy, orthopaedic problems, any current medication, special dietary requirements and /or any injuries. **Please highlight any medication (e.g. Asthma Inhalers) that your child may require on poolside.** If items such as Inhalers are required, can you please ensure these are brought to every session.

Name of child's doctor and surgery:

Doctors telephone number:

**In case of emergency please contact:**

Name of person to contact in an emergency	Telephone number in case of emergency

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:
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Signature of Parent/Carer (if the swimmer is under 18 years):	Date:
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**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 or event with Wetherby 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/daughter's interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of Consent by Parent/Carer: \_\_\_\_\_

Print Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to The Welfare Officer, Wetherby & District Swimming Club.