



SATELLITES OF MACCLESFIELD SWIMMING CLUB

CLUB MEDICAL INFORMATION & CONSENT FORM

To be completed by the parent(s) or guardian(s) of all children under 18.

Swimmer's First Name:	Swimmer's Surname:
Home Telephone Number:	
Address:	
Postcode:	Date of Birth:
Email Address:	
Parent (1) Mobile Telephone Number:	
Parent (1) Work Telephone Number:	
Parent (2) Mobile Telephone Number:	
Parent (2) Work Telephone Number:	
Family GP:	Telephone Number:

	<u>Yes/No</u>	<u>Details</u>
Does your child have any specific medical conditions requiring medical treatment and/or medication?		If yes, please give details, including dosage and frequency of any medication:
Does your child suffer from asthma?		
ii. If yes, are they registered with the ASA as asthmatic?		
Does your child have up to date Tetanus cover?		
Does your child have any food, drug, or other allergies?		If yes, please give details:
Does your child suffer from any disabilities (physical, visual or hearing) or learning/recognised behavioural problems that could affect their behaviour while training e.g. ADHD?		If yes, please give details:
Does your child have any specific dietary needs?		If yes, please give details:

Declarations

1. To the best of my knowledge and belief, the information given above is complete and accurate.
2. I undertake to keep the Club informed of any changes that may arise in relation to the above information.
3. It may be necessary at some time for the teachers, coaches or team management staff accompanying your child to have the necessary authority to obtain any urgent treatment which may be required. By signing the declaration below, you are giving consent 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 opinion, for any delay to be incurred by seeking my personal consent.
4. I am aware of the type of activities likely to be undertaken and consent to my child taking part. I acknowledge that the Club will be liable in the event of an accident only if they have failed to take reasonable steps in their duty of care for my child. I understand that the staff have a common law duty to act in the capacity of a reasonable prudent parent.

Signed by Parent/Guardian :

Date:

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Relationship to child :