

Warrington Swimming Club

MEDICAL INFORMATION & CONSENT FORM

Member Details

Surname:	_____	Name:	_____
D.O.B:	_____	Postcode:	_____
Full Address:	_____ _____ _____		

Emergency Contact details

Contact 1			
Full Name:	_____		
Address:	_____ _____		
	Postcode:	_____	
Tel number 1:	_____	Tel 2:	_____
Relationship to member:	_____		

Contact 2			
Full Name:	_____		
Address:	_____ _____		
	Postcode:	_____	
Tel number 1:	_____	Tel 2:	_____
Relationship to member:	_____		

Family GP	_____	Tel No	_____
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IF THE ANSWER IS 'YES' TO ANY OF THE FOLLOWING, PLEASE GIVE DETAILS IN SPACE PROVIDED

Does the member have any specific medical conditions requiring any medical treatment/medication?

YES

NO

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Do you/your this member have any food, drug, or other allergies?

YES

NO

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Do you/ the member take any medication for asthma?

YES

NO

Are they registered asthmatic with ASA? Yes No

Do you consider yourself/the member to have a disability's?

YES

NO

Do you consider yourself/the member to have any learning difficulties?

YES

NO

Do you consider yourself/the member to have any specific dietary needs

YES

NO

Please provide us with any information that you feel may be relevant

Declarations

- > To the best of my knowledge the information given is complete and accurate
- > I undertake to keep the Club informed of any changes that may arise in relation to the above information
- > I am aware of the type of activities likely to be undertake and consent to myself/my child taking part
- > I am aware that the information declared, may be retained by the Club either in paper form or stored on computer. Copies will only be made available to those persons that directly supervise activities involving your child on behalf of the Club, but the confidentiality of the information will be respected at all times
- > The Club are committed to compliance with the Data Protection Act 1988 – assuring parents and guardians that the processing of personal information will comply with the eight principles of good information handling.

Signed: _____
(Parent/Guardian if member under 18)

Date: _____