



## Club Medical Form

This form is to be completed by members/carers who are 18 years or above or parents/carers of members who are under 18. Please note: - the information given will be held in a secure data base allowing all teachers/coach and admin staff access to your medical records and emergency contact details. If a member leaves the club the data held will be deleted from our records. No information will be passed onto a third party.

|                                |  |
|--------------------------------|--|
| SWIMMER'S NAME                 |  |
| DATE OF BIRTH                  |  |
| CONTACT NUMBER                 |  |
| EMERGENCY CONTACT NAME/ NUMBER |  |

Please delete **Yes** or **No** as appropriate and complete further details as necessary.

If extra space is required please write in the box "on additional sheet" so we know there is further information

|   |  |
|---|--|
| Do you/does your child have any specific medical Condition requiring medical Treatment and/or medication? <b>Yes / No</b> | If yes, give details (including details of the medication, dosage etc)   |
| Do you/does your child have any allergies? <b>Yes / No</b>  | If yes, give details (including how it is controlled)  |
| Do you/does your child have any additional needs? <b>Yes / No</b>   | If yes, give details (especially anything we can help with to ensure the experience of being a member is a positive one) |

I understand by signing this form I am agreeing to Phoenix Swimming Club for disabled people to share the above information with their teaching & coaching staff and store until the resignation of membership for the named swimmer at which point the information will be destroyed.

Signed:..... Print:..... Date:.....

I consent for the Phoenix Swimming Club for disabled people Club Committee to release any medical data held by them on my medical conditions to medical personnel in the case that the data is required for my medical treatment that I may require in an emergency when attending a Phoenix swimming session or event.

Signed:..... Print:..... Date:.....

In the event that myself/child becomes injured whilst swimming/travelling to and from swimming events and I cannot be contacted on the above number, I hereby give my consent for myself/child to receive medical attention.

Signed:..... Print:..... Date:.....