

Medical Information and Consent Form

(To be completed by the parent(s) or guardians of all children under 18 & all swimmers 18 & over,

Please complete and return to Basingstoke Bluefins Swimming Club.

The Aquadrome, Basingstoke Leisure Park, Worting Road, Basingstoke RG22 6PG



Swimmer's name..... Telephone No.....

Address.....
..... Post Code.....

Date of Birth..... e-mail address.....

In the event of an emergency the club requires telephone numbers other than the swimmers home number. For example parents mobile, grandparents etc. Please provide as many numbers as possible. (After the home number we will contact in the order provided).

Name..... Telephone No.....

Name..... Telephone No.....

Name..... Telephone No.....

Name..... Telephone No.....

Family GP..... Telephone No.....

1. Does your child suffer from asthma? Yes /No
If so, are they registered with the ASA as asthmatic? Yes/No
Does your child take any medication for asthma? If so please give details:
2. Does your child have Tetanus cover? Yes/No
3. Does your child have any food, drug or other allergies? If so, please give details:
4. Does your child have any other specific medical conditions requiring medical treatment and/ or medication? (e.g. epilepsy, diabetes, injuries).
If so, please give details – including dosage and frequency of any medication:
5. 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 so, please give details:

Data protection Act 1998

I understand information supplied on this form will be held in a database for membership administration purposes in accordance with the 'Data Protection' policy included in the membership pack and posted on the club's website. I give explicit consent to details of my son's/daughter's disabilities, health being held confidentially within the club.

Signed by Parent/Guardian..... Date.....

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 coach or team management accompanying your child to have the necessary authority to obtain urgent treatment which may be required. By signing the declaration below, you are giving your 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 & 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.
5. I am aware of the Club's Rules, Disciplinary Policy & Codes of Conduct and acknowledge the need for my child to abide by these conditions at all times. Failure to do so may result in sanctions being applied. In the event that such action involves expense, I accept a responsibility to meet any such costs reasonably incurred.

Signed by Parent/Guardian.....

Date.....

Office Use Only:
S/O Start date:

Date Issued:
Date Entered: