

CHISLEHURST MILLENNIUM SWIM SQUADS

Medical Information Form

Swimmer's Details To be completed by Parent/Guardian of those under 18 years.
Please *delete as appropriate and complete as fully as possible.

Swimmer's name	Date of Birth
Do you / does your child have any specific medical conditions * Yes / No If yes, please give details	
Do you / does your child take/require any regular medication or treatment * Yes / No If yes, please give details	
Do you / does your child have any allergies * Yes / No If yes, please give details	
Please give any other relevant/helpful information	

Alternative contact details (other than the parental contact already given)

Name	Relation to Swimmer
Telephone; Home	Mobile

It may be essential for a Club Coach or Team Manager to have the authority to obtain urgent treatment. Please complete and sign below to give this your consent.

I,, the parent/guardian of the above named child hereby give permission for the acting Coach/Team Manager to give authority on my behalf for any medical/surgical treatment recommended by competent medical authority, where it might be contrary to my daughter/son's interest to delay in seeking my personal consent.

Parent / Guardian signature of Consent.....

Print full name..... Dated.....