



Mountains and Plains Swimming Association Inc

Medical Consent Form

ATHLETE DETAILS			
ATHLETE NAME			
ATHLETE PHONE			
EMAIL			
DATE OF BIRTH		AGE	
MEDICARE CARD NO	NUMBER	REF	EXPIRY

EMERGENCY CONTACT DETAILS			
NAME			
RELATIONSHIP			
ADDRESS			
SUBURB		POSTCODE	
HOME PHONE		WORK PHONE	
MOBILE			
EMAIL			

MEDICAL HISTORY

Outline any special dietary requirements (e.g. non-dairy, vegetarian, restricted foods, etc)

- Any Team Member with an existing medical condition must bring a letter from his/her Doctor regarding the treatment of this condition to squad/tour events.
- Medication brought along to events with an individual should have the Team Member's name, dosage and dosage time clearly marked. The team member should advise the Team Manager at registration.

MEDICAL STATUS:	COMMENTS:	MEDICATIONS:
Diabetes	YES / NO	
Asthma	YES / NO	
Respiratory	YES / NO	
Allergies	YES / NO	
Travel Sickness	YES / NO	
Blood Pressure	YES / NO	
Operations	YES / NO	
Other Medication	YES / NO	
Medication Allergies	YES / NO	
Epilepsy	YES / NO	
Doctors Name:		Doctors Number:

CONSENT FOR MEDICAL ASSISTANCE.

In the event of any accident or illness I authorise the obtaining on my behalf of such medical assistance as my child/ward or I (if over 18) may require.

1. I agree to delegate my authority to the Team Manager/s and/or Coach, who may take disciplinary action deemed necessary to ensure the safety, well being and successful conduct of athletes as a group, or individually.
2. I authorise all SNSW & MPS staff to obtain medical assistance for my child at their discretion in the event of illness or an accident and agree to pay for all medical expenses incurred on behalf of the above athlete.
3. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.
4. I acknowledge that all medication is to be reported to the Team Manager. The Team Manager will determine whether they will allow the athlete to keep possession of the medication for the duration of the squad.
5. I submit the above medical information and include details of limitations, which my child may have.
6. I agree to give updated medical information prior to the squad if needed, to keep the information on this form accurate.
7. Note: It is the responsibility of the parents'/ guardians to ensure that the athlete is adequately covered for medical Hospital, Dental and Personal Accident & injury Insurance. Mountains and Plains Swimming cannot accept financial liability for any of these expenses.

Signature: _____ (Swimmer or Parent/Guardian if under 18yrs)
 Print Name: _____
 Date: _____

This form is required prior to the squad commencing.

By ticking this box I am indicating that I am signing this form electronically and verify that the contents of this form are true and accurate. If I am under the age of 18, my Parent/Guardian will tick this box, therefore signing this form electronically, and verifying that the contents of this form are true and accurate, on my behalf.

Parent/Guardian name.....