



PINE RIVERS COMMUNITY AQUATICS CLUB

PO Box 195, Strathpine Centre QLD 4500

www.pineriversaquatics.com.au

prcaclub@gmail.com

Pool Phone: 07 3205 7682

Family Medical Form and Emergency Contacts

SWIMMER'S MEDICAL DETAILS (Please circle for each swimmer, provide extra details as required)

Medical information will remain confidential and be made available to the coaching staff and kept on site in case of emergency.

Surname				
First Name				
Date of Birth	/ /	/ /	/ /	/ /
Asthma	Yes / No	Yes / No	Yes / No	Yes / No
Allergies	Yes / No	Yes / No	Yes / No	Yes / No
Heart Conditions	Yes / No	Yes / No	Yes / No	Yes / No
Epilepsy	Yes / No	Yes / No	Yes / No	Yes / No
Diabetes	Yes / No	Yes / No	Yes / No	Yes / No
Other	Yes / No	Yes / No	Yes / No	Yes / No
Additional Details				

EMERGENCY CONTACT DETAILS (Primary Contact)

Surname		First Name(s)	
Address			
Suburb		Postcode	
Phone		Mobile Phone(s)	

EMERGENCY CONTACT DETAILS (Additional Contact)

Surname		First Name(s)	
Address			
Suburb		Postcode	
Phone		Mobile Phone(s)	

AUTHORISATION

I acknowledge that the above information is correct and will notify the Registrar via prcaclub@gmail.com of any changes to the medical information and emergency contacts provided during the swimming season.

Parent / Guardian Signature		Date	/ /
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