



# Medical & Parental Consent Form

This form is to be filled in by a parent or guardian of the swimmer attending the meet/camp. The information contained herein is required by Medical Practitioners in the event of swimmers requiring treatment. The information given is not intended to stop the swimmer attending the camp. It is important for the well-being of the swimmer that the form is accurately and fully completed.

<b>Swimmers Surname:</b>	<b>Given Name:</b>
<b>Home Address:</b>	
<b>Home Phone No:</b>	<b>Mobile:</b>
<b>DOB:</b>	
<b>Name of Parent/Guardian:</b>	
<b>Private Doctor:</b>	<b>Phone:</b>
<b>Private Health Cover</b>	<b>Yes / No</b>
<b>Fund:</b>	<b>Membership No:</b>
<b>Medicare:</b>	
<b>Health Problems:</b>	<b>If yes, please list medical treatment</b>
Heart Problems	Yes / No
Respiratory	Yes / No
Asthma	Yes / No
Epilepsy	Yes / No
Allergies (e.g. drugs/food/other)	Yes / No
Blood Pressure	Yes / No
Diabetes	Yes / No
Phobias	Yes / No
Recent operations/illness	Yes / No
Other	Yes / No
<b>Current Medication:</b> (please give details of any medication being taken by your son/daughter including dosage, frequency and any Doctors instructions)	
<b>Provide Full Details</b> (e.g. severity, date of last attack, medication)	

<b>Tetanus Booster</b> (has your son/daughter had a in the past 12 months)?		Yes / No (provide date)	
In the event of a minor incident or injury, please contact:			
<b>Contact No. 1</b>		<b>Contact No. 2</b>	
Name:	Home:	Name:	Home:
	Mobile:		Mobile:
<b>Swimmers Uniform Sizes</b> <b>Child:</b> <a href="#">sizing chart</a> <b>Adult:</b> <a href="#">Male - sizing chart</a> <a href="#">Female - sizing chart</a>			
T-Shirt:	Jacket:	Track Pants:	Shorts:

I \_\_\_\_\_ (Parent/Guardian) hereby authorise the Coach/Manager of Wide Bay Regional Swimming Association to obtain medical or associated assistance deemed necessary should any medical condition or accident occur. I understand that I am responsible for the any associated costs.

I understand that should such circumstances arise, the Coach/Manager will endeavor to phone Contact No. 1 or 2 by phone in the first instance.

\_\_\_\_\_  
(Parent/Guardian)

\_\_\_\_\_  
(Date)