



MEDICAL FORM

Note: **This form is to be completed for all swimmers** taking part in squad training, the learn-to-swim program or swimming carnivals. The information contained herein is required by Medical Practitioners in the event of a swimmer requiring treatment. The information given here is not intended to stop a swimmer taking part in the swimming program. It is important for the well being of the swimmer that this form be completed fully and accurately.

Swimmer's Given Names..... Surname

Name of Parent or Guardian (if applicable):

Are you in a medical insurance fund? Yes / No

Name of Fund:

Has your child had a tetanus booster in the last 12 months? Yes / No

Further Information		
Heart Problems	Yes/No	.....
Respiratory Problems		
Asthma	Yes/No	.....
Other	Yes/No	.....
Allergies		
Food	Yes/No	.....
Drugs	Yes/No	.....
Ointments	Yes/No	.....
Insects	Yes/No	.....
Other, please list	Yes/No	.....
Sugar Diabetes	Yes/No	.....
Blood Pressure	Yes/No	.....
Recent Operations	Yes/No	.....
Phobias	Yes/No	.....
Other, please list	Yes/No	.....

MEDICINES: Please give details of any medications being taken by the swimmer including dosage, frequency etc.

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I hereby authorise the coach and his/her representative to obtain such medical attention as may be deemed necessary and I understand that I am responsible for the associated costs. I further authorise qualified practitioners to administer anaesthetic and blood transfusion if necessary. I am aware of the program and type of activities that the above mentioned swimmer will be participating in at the Club.

Signature: **Date:**

(Swimmer-18 years & over/Parent/Guardian)