BRITISH Swimming

MEDICATION DECLARATION FORM

This form **MUST** be completed by anyone that is representing Great Britain or their Home Country internationally or competing in a British Swimming, ASA, SASA or WASA National event (all disciplines, excluding masters) and returned to the ASA Membership Department at the address below. A new form MUST be completed annually even if the medication prescribed has not been altered or if no medication is being taken and whenever the medication is changed. If the competitor is under the age of 18 this form should be completed and returned by the parent or person in loco parentis but must still be signed by the competitor. This form should be sent direct to the ASA, not via the club registration/welfare officer. The data contained in this form is classed as sensitive personal data under the Data Protection Act 1998 (DPA). The ASA, SASA or WASA will process the data provided in accordance with the DPA. Your express written consent to hold this data is required under the DPA, which by signing this form you are providing. The data will be held securely in accordance with the DPA and will be used to administer you as a member of the ASA, SASA or WASA. The Medical Declaration Form Information Guide will assist in completing this form.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname																			
First Name																	Miss / Mr / Ms / Mrs		
Address																			
Post Code							Tel No (inc. STD Code)												
E-mail:																			
Date of Birth							Membership No												
Club																			

Please indicate medication taken for treatment of asthma by ticking the appropriate box

SALBUTAMOL (i.e. Ventolin)	A		BUDESONIDE (Pulmicort)	E	
SALMETEROL (i.e. Serevent)	B		BECLOMETHASONE (i.e. Becotide)	F	
TERBUTALINE (i.e. Bricanyl)	C				
FLUTICASONE (i.e. Flixotide)	D				
Other medication taken for the Treatment of asthma	G		Name of Medication		

Please list below ALL medication currently being taken for any other medical condition including vitamins and dietary or nutritional supplements in the space below:

Other medication	
Vitamins	
Supplements	

I declare that I do not take any form of MEDICATION (this includes vitamins and supplements) - please tick box ☐

Signature of competitor
If under 18 years of age signature of parent or person in loco parentis
Date

White copy to be returned to: Membership Department, ASA, Freepost, Loughborough, LE11 OBR
Gold copy to be retained by competitor. Revised May 2007