

## Medical Declaration Form 2016

All swimmers, or if under 18, a parent or guardian, must complete this medical declaration form before participating in the activities of Bracknell and Wokingham Swimming Club (Club). This form should be completed and returned to Terry Wright / Assistant Treasurer.

Swimmers details (Please print clearly.)

First name..... Surname..... Squad.....

DOB..... Sex M / F

Address.....

Contact e-mail..... Contact Tel No.....

Name of GP..... GP Tel No.....

GP Address.....

- |   |        |
|---|--------|
| 1. Do you have any medical conditions?  | Yes/No |
| 2. Do you use regular medication or have an inhaler? **   | Yes/No |
| 3. Could this be required during training sessions or a competition? **   | Yes/No |
| 4. Do you have any eyesight problems?   | Yes/No |
| 5. Do you have any hearing problems?  | Yes/No |
| 6. Do you have any known allergies, e.g. food or drugs?   | Yes/No |
| 7. Do you have any learning /behavioural issues?<br>(If yes please make the coach aware of any coping strategies or triggers) | Yes/No |
| 8. Do you have any other relevant problems/conditions?  | Yes/No |

If yes to any of the above, please give details including medication and any supplementary information that may assist the Club / coaches in the event of an incident. Please continue on the back of this form if needed.

\*\* If you take regular or sometimes one off medication and / or you use an inhaler and you are a registered competitor competing in a British Swimming ASA National event you are required to complete a British Swimming Medical Declaration Form annually, or sooner if updating, and send it directly to the ASA as specified on the form. Please refer to the ASA website <http://www.swimming.org/britishswimming/about-us/anti-doping/> for more information and to download the form. It is the responsibility of the swimmer / parent for any declarations, not the swimming club.

In case of medical emergency affecting a child under 18, a coach or club representative will make every effort to contact a parent or guardian.

In the event of a medical emergency and I am unavailable I agree that a Club representative may act in loco parentis with respect to emergency first aid treatment on my child including administering any prescribed medication as needed.

Print name..... Signed..... Relationship.....

I, (parent if under 18) agree for the information provided above to be made available to relevant coaches and teachers and designated persons of the Club to ensure the welfare and health and safety of swimmers. I confirm the accuracy of the information and will notify the Club of any change. I am willing for the information to be held on a Club database.

Signature (or parent if under 18)..... Date.....

Emergency contact details:

Name..... Contact No..... Relationship to Swimmer.....

Name..... Contact No..... Relationship to Swimmer.....