

**Leamington Spa Amateur
Swimming Club
Medical Information Form**



Swimmer Name :

Date of Birth :

To be completed by members 18 years or over, or by parents/carers of swimmers under 18. Please complete **Yes** or **No** as appropriate and complete further details as necessary.

The Disability Discrimination Act 2004 defines a disabled person as anyone with physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out day to day activities.

Do you consider your child to have an impairment? Yes No

If Yes, what is the nature of the disability?

Visual impairment		Learning disability	
Hearing impairment		Multiple disability	
Physical disability		Other (please specify)	

Medical information

Please detail below any important medical information that LSASC needs to know. For example – allergies, medical conditions eg asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and/or any injuries.

.....

Name of child's doctor and surgery.....

.....

Doctor's telephone number.....

**Leamington Spa Amateur
Swimming Club
Medical Information Form**



I understand that in compliance with the data protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in conjunction with the purpose and activities of Leamington Spa Amateur Swimming Club.

Information will not be kept once a person is no longer a member of the Club. The information will be disclosed only to those members of the Club for whom it is appropriate, and relevant officers of the Amateur Swimming Association (ASA) or British Swimming.

Signed (Swimmer):.....

Date:.....

Signature of Parent/Carer (if the swimmer is under 18 years)

.....

For Parents/Carers of swimmers under 18 years

It may be essential at some time for the Club Coach or Team Manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment which may be required while at a gala with Leamington Spa Amateur Swimming Club. Would you therefore please complete the details on this form and sign below to give your consent.

I,..... being the parent/carer of the above named child hereby give permission for the Coach or Team Manager to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of Consent by Parent/Carer:.....

Print Full Name:..... Date:.....

Please return this completed form to:

Dana Payne
4 Cryfield Heights
Coventry
CV4 7LA