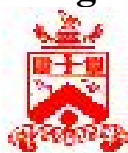


Cheltenham Swimming & Water Polo Club



Medical Information Form

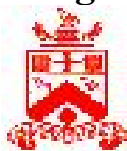
Swimmer name	Date of Birth

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

Do you or does your child have any specific medical conditions requiring medical treatment and/or medication? Yes/No	If yes please give details
Do you or does you child have any allergies? Yes/No	If yes please give details
Do you or does your child take any regular medication? Yes/No	If yes please give details
Do you or does your child have any specific medical condition not mentioned already? Yes/No	If yes please give details
Do you or does your child have any disabilities? (physical, visual or hearing, learning/recognised behavioural problems) Yes/No	If yes please give details

Continued.

Cheltenham Swimming & Water Polo Club



Medical Information Form (Continued)

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 connection with the purpose and activities of the 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 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 whilst at a competition with Cheltenham Swimming and Water Polo 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 immediately 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 doctors 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 form to: CSWPC ASA registration secretary. Dickie Middleton, 129 Hales Rd, Cheltenham Glos. GL52 6ST. dickie.middleton@btopenworl.com