

# Dorking Swimming Club

Affiliated to SCASA, SCWP&SA & MPAGB

*'Where swimmers come first'*



## Medical Declaration Form 2013

All swimmers, or if Under 18, a parent or guardian, must complete this Medical Declaration form before participating in the activities of the Club. This form should be completed and returned to the Membership Secretary – see [www.dorkingsc.com/contact-us/](http://www.dorkingsc.com/contact-us/)

### Swimmers Details (please print clearly)

I.D No .....

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

Date of birth ..... Sex: M / F

Address .....

Email ..... Contact Tel no .....

- |   |          |
|---|----------|
| 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 at a gala? ** | Yes / No |

\*\*If you take medication for asthma (and you are a registered competitor) you are required to complete an ASFG Medical Declaration Form annually, or sooner if updating required and send it directly to the ASA as specified on the form which is available to download from [www.dorkingsc.com](http://www.dorkingsc.com)

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|--|----------|
| 4. Do you have any eyesight problems, including short sightedness?   | Yes / No |
| 5. Do you have any hearing problems?   | Yes / No |
| 6. Do you have any allergies e.g. to 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 problem/s?   | Yes / No |

**If YES to any of the above, please give details including any medication, and any supplementary information which may assist the club/coaches in the event of an incident.**

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 Dorking Swimming Club or representative of the club may act in *loco parentis* with respect to emergency first aid treatment on my child including administering any prescribed medication defined above

Signed ..... Relationship .....

I, (parent if U18) agree for the information provided above to be made available to the coaches and poolside staff of Dorking Swimming Club to enable them to ensure the welfare, 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 Dorking Swimming Clubs Database.

Signature of swimmer ..... Date .....

(parent/guardian if U18)

1) Emergency Contact details: Name : ..... Tel no .....

Mobile no ..... Relationship to swimmer .....

2) Emergency Contact details: Name : ..... Tel no .....

Mobile no ..... Relationship to swimmer .....