

# HELENSBURGH AMATEUR SWIMMING CLUB



## **MEDICAL INFORMATION FORM 2018 - 2019**

This form should be completed for all swimmers.

Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Name of Emergency Contact: 1) \_\_\_\_\_

Relationship to Swimmer: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

Name of Emergency Contact: 2) \_\_\_\_\_

Relationship to Swimmer: \_\_\_\_\_ Mobile Tel No: \_\_\_\_\_

Signed \_\_\_\_\_  
*(Signature of Member or Parent/Guardian)*

Name: \_\_\_\_\_

If you have a Disability or medical condition e.g. **asthma, epilepsy, diabetes etc.** or any problem that the coaches should be aware of, please write the details below. Please note that any medication that you might need at a Club session should not be left in lockers, but should be handed to the lifeguard/coach (clearly labelled with your name).

Disability: Physical  Learning  Hearing  Visual  (Please tick)

Medical Condition & Medication: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: ANY CHANGE MUST BE REPORTED TO THE CLUB MEMBERSHIP  
SECRETARY ASAP.**