

HELENSBURGH AMATEUR SWIMMING CLUB



MEDICAL INFORMATION FORM 2019 - 2020

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.**