



MEDICAL FORM 2009/2010

Dear Parents/Guardians

As your child will be undertaking exercise/training with our club it is necessary for you to complete the medical information below. If your child/children suffer or have suffered from any disease or any physical or mental disability (e.g. epilepsy, diabetes, asthma or allergies) likely to affect the safety of themselves or other swimmers you should consult your medical practitioner and the JHSC prior to commencing any related activities.

If your child/children is on regular medication (e.g. Ventolin for Asthma) it is a requirement that they bring this with them to any lesson they take part in. This information is regarded as confidential and your child's/children's swimming coach and the Club Health and Safety Officer will be the only persons granted access to it. They are available to discuss your child's/children's health concerns with you

FAMILY NAME: **Parent/Guardian Signature:**

Emergency contact (1): **Ph:** **Relationship:**

Emergency contact (2): **Ph:** **Relationship:**

Medical Information

SWIMMER'S NAME :	Medication	How often
Asthma <input type="checkbox"/>		
Diabetes <input type="checkbox"/>		
Epilepsy <input type="checkbox"/>		
Other (please detail) <input type="checkbox"/>		
SWIMMER'S NAME :	Medication	How often
Asthma <input type="checkbox"/>		
Diabetes <input type="checkbox"/>		
Epilepsy <input type="checkbox"/>		
Other (please detail) <input type="checkbox"/>		
SWIMMER'S NAME :	Medication	How often
Asthma <input type="checkbox"/>		
Diabetes <input type="checkbox"/>		
Epilepsy <input type="checkbox"/>		
Other (please detail) <input type="checkbox"/>		
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Asthma <input type="checkbox"/>		
Diabetes <input type="checkbox"/>		
Epilepsy <input type="checkbox"/>		
Other (please detail) <input type="checkbox"/>		

