



Ware Swimming Club
Membership and Medical Information Form
(PLEASE ENSURE THAT **ALL** DETAILS ARE COMPLETED)

Name of swimmer: _____

Address: _____

Post code: _____

Telephone No.: _____

Mobile Telephone No: _____

E-mail of parent/guardian: _____

Date of birth: _____

Emergency contact – Name _____
Number/s _____

2nd Emergency contact - Name _____
Number/s _____

(Emergency names & numbers MUST be different from the main contact details above)

Name of Doctor: _____

Address: _____

Telephone: _____

Please complete the form below and advise us of any medical conditions and/or allergies and any medicine taken. If you answer YES to any of the questions, please provide further details:

Have you (or your child) ever had or been diagnosed with any of the following:

1. Eye disorders or injury: YES / NO _____

2. Ear/Hearing Problems: YES / NO _____

3. Dental: YES / NO _____

4. Severe headaches or migraine: YES / NO _____

5. Allergies: YES / NO _____

6. Asthma, Bronchitis or other chest condition: YES / NO _____

7. Dermatitis/eczema or other skin problems: YES / NO _____

8. Heart problems, rheumatic fever, chest pain: YES / NO _____

9. Eating/Dietary Problems: YES / NO _____

10. Fits, convulsions, blackouts or epilepsy: YES / NO _____

11. Emotional/Anxiety or Depression: YES / NO _____

12. Any problems with muscles/bones/joints: YES / NO _____

13. Has your child ever had a serious allergic reaction to any medication? YES/NO

If Yes, please provide details: _____

Does your child take any regular medication, including inhalers? YES/NO

If yes, please provide details: _____

FURTHER DETAILS

I confirm that my child is fit to swim and that he/she will advise the Coaching team of any medical condition BEFORE starting a training session.

Parent/Guardian's Signature: _____

Swimmers Signature: _____ **Date:** _____

I give permission for this medical information to be kept on file by Ware Swimming Club.

Swimmers Signature: _____ **Date:** _____

Parent/Guardian's Signature: _____ **Date:** _____