

MEDICAL CONSENT FORM

Swimmers Name:			
Address:			
Telephone:	Day:	Evening:	Cell:
Email			
Date of Birth	Age:		

<u>MEDICAL INFORMATION</u>	<u>Yes</u>	<u>No</u>
Do you have any medical conditions we should be aware of? (If yes, please give details)		
Do you have any allergies (If yes, please give details)		
Please enter any other details that may be relevant to your participation in this Camp		

<u>Emergency Contact Details</u>			
Name			
Phone	Home	Work	Cell
Relationship			
Doctor	Phone:		

We may take photos of swimmers and activities during the camp and these may be posted on our website and or other social media. If you do not agree to us using photographs that include your swimmer please tick the box

By signing this form, consent is granted by the parent or guardian in the case of medical emergency to allow the health professional in attendance to contact the above GP for my medical history

Names of
 Parent/Guardians: _____
 Signed by _____ Date: _____
 Parents/Guardians: _____