

SCOTTISH SWIMMING
West District

MEDICAL INFORMATION / PARENTAL CONSENT FORM

Meeting/Activity/Trip: District Regional Squad Education/Training Days

Dates: From: Sept 2019 To: December 2019

Name of Participant: _____ **Date of Birth:** _____

1. **PARENTAL CONSENT** (where the participant is under 18 this part must be completed by a parent / guardian)

I agree to my son/daughter _____ (name) taking part in the above activity.

2. **MEDICAL INFORMATION** (to be completed by / for the participant)

a) Do you suffer from any conditions requiring medical treatment, including medication?

Yes / No If yes, please give details:

b) To the best of your knowledge, have you been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be, or become, contagious or infectious?

Yes / No If yes, please give details:

c) Are you allergic to any medication?

Yes / No If yes, please give details:

d) Have you received a tetanus injection in the last five years?

Yes / No If YES, please give date: _____

I undertake to inform the Team Manager/Head Coach, as soon as possible, of any change in the medical circumstances.

****Please complete Page 2 and sign.****

3. DECLARATION / EMERGENCY CONTACTS

a) I agree to receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities.

b) In the event of an emergency please contact the following person:

Name: _____

Relationship to participant: _____

Telephone Number: Home: _____ Work: _____

Address: _____

c) If not available, please contact:

Name: _____

Relationship to participant: _____

Telephone Number: Home: _____ Work: _____

Address: _____

d) Name / Address / Telephone Number of family doctor:

Signature of Participant: _____

Signature of Parent / Guardian: _____

Date: _____

This Form must be available throughout the duration of the Activity.

****Please complete Page 2 and sign.****