



Club Medical Form

To be completed by members 18 years and over, or by parents/carers of swimmers under 18 years.

Please note: - Information will be held on a secure data base and Teachers & Squad Coaches will be given details of medical conditions and emergency contact details for each squad they teach/coach or cover. If the swimmer leaves the Club all data/information will be deleted from our records. No information is ever passed to a third party.

Swimmers Name	
Date of Birth	
Squad/Group	
Contact Number	

Please delete Yes or No as appropriate and complete further details as necessary.

Do you/does your child have any specific medical Condition requiring medical Treatment and/or medication? Yes / No	If yes, give details (including details of the medication, dosage etc)
Do you/does your child have any allergies? Yes / No	If yes, give details (including how it is controlled)
Do you/does your child have any additional needs? Yes / No	If yes, give details (especially anything we can help with to ensure the experience of being a member is a positive one)

I understand by signing this form I am agreeing to COCSC to share the above information with their teaching & coaching staff and store until the resignation of membership for the named swimmer at which point the information will be destroyed

Signed:..... Print:..... Relationship to swimmer:..... Date:.....

Parental Consent

In the event that my son/daughter is injured whilst swimming/travelling to and from swimming events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.

Signed:..... Print:..... Relationship to swimmer:..... Date:.....

PLEASE RETURN TO YOUR NEW COACH, CLUB NIGHT DESK OR EMAIL paul.wilson@coventry-swimming.org.uk