



Medical Information form

Name.....
 Date of Birth.....
 Squad.....
 Email Address.....

Please delete Yes or No as appropriate and complete further details as necessary. 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 squad coaches will be given details of medical conditions and emergency contact details for each squad they coach or cover.

Do you/does your child have Any specific medical Condition requiring medical Treatment and/or medication? <u>Yes / No</u>	If yes, give details (an ASFGB Notifiable Medication form may need to be completed)
Do you/does your child have Any allergies? <u>Yes / No</u>	If yes, give details
Any other relevant Information	

	<u>Emergency Contact 1</u>	<u>Emergency Contact 2</u>
Name		
Relationship to child		
Telephone number		

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

Signed.....Date.....

First Aid parents/carers

We need first aider at several pools for minor emergencies

Do you have a first aid qualification?

Yes/No

Are you willing to act as first aider for session on a rota basis?

Yes/No

If not are you interested in gaining a first aid qualification through the swimming club and help supporting your child's swimming club

Yes/No

**PLEASE RETURN TO YOUR NEW COACH ASAP
THANK YOU**