

New Medical Declaration

Date / /

Following updated guidelines from the Swim England., all clubs are now asked to request up to date medical information for their swimmers, just in case you require any form of medical assistance when attending a teaching, training session or competition.

All swimmers, or if Under 18, a parent or guardian must complete this Medical Declaration from.

All information given on this form will be treated with the utmost respect and will be kept confidential and will only be available to appropriate team staff such as coaches and team managers. This data will not be shared or processed for any other purpose.

Swimmer's Details

Surname	Forename	DOB	Male/Female
Family GP		Telephone Number	

Please do not leave blank – if there is no information please write 'None'.

Do you have any specific medical conditions requiring medical treatment and/or medication?

e.g. epilepsy, asthma, diabetes, allergies, etc.

Do you suffer from asthma?	.	Do you take medication?	
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if YES, please give details:

For Minors:

Does your child have up to date Tetanus cover?	
Does your child have any food, drug or other allergies?	

If Yes, please give details:

The Equality Act 2010 defines a disabled person as anyone with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to carry out normal daily activities. Do you consider this child to have an impairment?	
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if YES, Please give details: (eg, Visual impairment / Learning disability / Hearing impairment / Physical disability / Multiple disability / Other (please specify))

**** if you take medication for asthma, (and you are a registered competitor) you are required to complete an ASFGB Medical Declaration Form annually, or sooner if it requires updating, and send it directly to the SwimEngland address as specified on the form.**

For Parents/Carer of Swimmers under 18 years:

It may be essential at some time for the club coach or team manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment which may be required whilst at a competition with Barrow ASC. Would you therefore please complete the relevant details in this section and sign below to give your consent.

I, _____ being the parent/guardian of _____ hereby give permission for the Coach / Team manager to give immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medial authorities, where it would be necessary.