North Tyneside Amateur Swimming Club MEDICAL INFORMATION FORM

It is essential for teachers/coaches to be made aware of any medical condition or disability your child has that could affect their performance in training or competition and of any medication that your child uses on a regular basis. It is also a good idea to make the teacher/coach aware of any occasional medication e.g. antibiotics, as these can also affect performance. Problems with eating/sleeping or if the swimmers is having any emotional problems can also affect performance so it may be useful to advise the coach/teacher. All such matters can be discussed in confidence.

Competitive swimmers who suffer from asthma and who have regular medication/inhalers are required to register these details with the ASA. The membership secretary will provide you with the necessary form and this must be renewed annually or if the medication changes. Any physical, visual, hearing difficulties should also be shared so that the coach is clear on your child's condition.

Any information given here will be shared with the coach / teacher responsible for your child's training but will otherwise be treated in complete confidence and not disclosed to other club members.

Name of Swimmer:	
Please state any medical condition	
How long has this condition existed?	
Is your child allergic to any medication? (if yes, please state)	
GP Name/ Address & Telephone	
(Where the applicant is under 16 years of and relationship to the applicant.)	age, a parent/guardian should sign on their behalf and state their name
Emergency Permission	
	Γeam Manager/Coach is hereby granted full authority by the undersigned to atment is considered necessary to above named swimmer.
Signature of parent / guardian (if under 18	8):
1 st Emergency Contact (name/number):	
2 nd Emergency Contact (name/number):	
Print name of parent/guardian:	
Relationship to swimmer:	