



Rugby Swimming Club Medical Information Form

Name.....Date of Birth.....

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.

Do you/does your child have Any specific medical condition requiring medical treatment and/or medication? Yes/No	If yes, give details (an ASFGB notifiable medication form may need to be completed)
Do you/does your child have Any allergies? Yes / No	If yes, give details
Any other relevant Information	

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3 (non-parent)
Name			
Relationship to child / swimmer			
Mobile number			

I understand that emergency contact details and medical information will be given to coaches who are coaching me / my child.

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

Print Name..... Relationship.....