

## CLUB MEDICAL INFORMATION & CONSENT FORM

To be completed by the parent(s) or guardian(s) of all children under 18 & all swimmers 18 & over

Swimmer's Name.....Charles Tod.....Home Telephone Number...01873 811 259

Address...Cwrt Isaf Farmhouse, Ilangattock, Crickhowell, Powys

.....Post Code ...NP8 1PH

Date of Birth.....11/05/2001..... e-mail address...charie@tod-wales.co.uk

Parent (1) Mobile Telephone Number.....01873 811 259.....Parent (2) Mobile Telephone Number ...07724 871 234

Parent (1) Work Telephone Number.....01873 811 259 .....Parent (2) Mobile Telephone Number ...07517 532 396

Family GP.....Dr Podder, .....Telephone Number.....01873 810 555

Does your child have any specific medical conditions requiring medical treatment and / or medication?

If so, please give details – including dosage & frequency of any medication:

Nil Known

Does your child suffer from asthma & if so, are they registered with the ASA as asthmatic? No

Does your child take any medication for asthma? No

If so, please give details:

Does your child have up to date Tetanus cover? Yes

Does your child have any food, drug or other allergies? Nil Known

If so – please give details:

Does your child suffer from any disabilities (physical, visual or hearing) or learning / recognised behavioural problems that could affect their behaviour while training e.g. ADHD?

If so – please give details:

No

Does your child have any specific dietary needs? No

## DECLARATIONS

1. To the best of my knowledge & belief, the information given above is complete & accurate.
2. I undertake to keep the Club informed of any changes that may arise in relation to the above information.
3. It may be necessary at some time for the teachers, coaches or team management staff accompanying your child to have the necessary authority to obtain any urgent treatment which may be required. By signing the declaration below, you are giving consent for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son's/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.
4. I am aware of the type of activities likely to be undertaken & consent to my child taking part. I acknowledge that the Club will be liable in the event of an accident only if they have failed to take reasonable steps in their duty of care for my child. I understand that the staff have a common law duty to act in the capacity of a reasonable prudent parent.
5. I am aware of the Club's Rules, Disciplinary Policy & Codes of Conduct & acknowledge the need for my child to abide by these conditions at all times. Failure to do so may result in sanctions being applied. In the event that such action involves expense, I accept a responsibility to meet any such costs reasonable incurred.

Signed by Parent / Guardian..... Nicholas Tod ..... Date...29/05/2019