**Medical Details/Consent for Emergency Treatment**

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| --- | --- |
| Name of Swimmer | Date of Birth |
| Address |  |
|  | Home Tel No |
| Post Code | Parent Emergency No |
| E-Mail | |
|  |  |
| **Name, address and telephone number of emergency contact if parent not available:** | |
| Name |  |
| Address |  |
|  | Home Tel No |
| Post Code | Emergency No |
| E-Mail | |
|  |  |
| **Medical Details:** |  |
| Does your son/daughter suffer from any condition requiring medical treatment, including medication? | |
| **YES/NO** (Delete as appropriate) If **yes** please give details: | |
|  | |
| Does your son/daughter suffer from any allergies of any kind? | |
| **YES/NO** (Delete as appropriate) If **yes** please give details: | |
|  | |
| Does your son/daughter suffer from any other medical condition that may affect participation? | |
| **YES/NO** (Delete as appropriate) If **yes** please give details: | |
|  | |
| Please outline any special dietary needs | |
|  | |
|  | |
| Has your son/daughter received a tetanus injection in the last five years? | |
| **YES/NO** (Delete as appropriate) If **yes** please give date (if known): | |
|  | |
| I agree to a representative of Dunedin Swim Team administering emergency pain relief to my son/daughter | |
| **YES/NO** (Delete as appropriate) | |
|  | |
|  |  |
| **GP Details:** | |
| Name | |
| Address | |
| Tel No | |
|  |  |
| **Declaration:** | |
| I undertake to advise the leader in charge of any change in medical requirements/circumstances prior to the commencement of any activity. | |
|  | |
| I agree to my son/daughter receiving emergency medical treatment, including anaesthetic as considered necessary by the medical authorities present. | |
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|  | |
| Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Consent by parent/guardian) | |
|  | |
| Full Name in Capitals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |