**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |