



Medical information form

Dear Parent/Guardian

It may be essential at some time for the club to have the necessary authority to obtain any urgent medical treatment for your child whilst they train, compete or take part in activities with [Brockworth Swimming Club](#).

Would you therefore please complete the details on this form and sign below to give your consent.

Name of child	
Date of birth	
Address	
SE Number (if registered)	
Parents/guardians name and address	
Parent/guardian telephone numbers	

If we cannot get hold of you on the telephone numbers above please nominate any further emergency contacts:

Name	
Relationship to you	
Telephone number(s)	

Name	
Relationship to you	
Telephone number(s)	

Name	
Relationship to you	
Telephone number(s)	

Please detail below any important medical information that our club needs to know. Such as any allergies, medical conditions e.g. asthma, epilepsy, diabetes, any current medication, special dietary requirements and /or any injuries.

Medical information

Name of GP	
Address	
Telephone number(s)	

I, [\(insert name of parent/guardian\)](#) being the parent/guardian of the above named child hereby consent to the use of this information by Brockworth Swimming Club for the protection and safeguarding of my child's health. I also give permission for the Coach, Team Manager or other Club Officer to give the immediate necessary authority on my behalf 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.

I understand that Brockworth Swimming Club may still have a lawful need to use this information for such purposes even if I later seek to withdraw this consent.

Signature of consent by parent/guardian

Print full name

Date

Brockworth Swimming Club will use your personal data for the purpose of your child's involvement in training, activities or competitions with the Brockworth Swimming Club.

Please return this form to Brockworth Swimming Club.