

SAINTS SWIM CLUB

MEDICAL REPORT FORM

This confidential report is intended to assist the club and supervising coaches in case of any emergency with your child.

(PLEASE PRINT ALL DETAILS)

NAME OF ACTIVITY: _____

PERSONAL DETAILS

Child's Name: _____ Date of Birth: _____

Parent's/Guardian full name: _____

Address: _____

Postcode: _____

Emergency telephone: Home: _____ Business hours: _____

Mobile: _____

Name of family doctor _____ Telephone: _____

Medicare number: _____ Medical / hospital insurance: _____

MEDICAL DETAILS

Does your child suffer from any medical illness? (including Allergies) if so please state.

Other (please provide adequate information) _____

Tablets and medicines

Is your child presently taking any medication? If YES, please state name of medicine, dosage and any possible side effects. _____

CONSENT TO MEDICAL ATTENTION WHILE AT SWIM CLUB

Where it is not practical to communicate with me, I authorise the coach in charge to consent to my child receiving such medical treatment / calling ambulance as may be considered necessary and agree to meet any expenses, or costs incurred.

Signed _____ Date _____
Parent/Guardian

(This signed consent is required for ALL children attending Saints Swim Club)

* Please advise Saints Swim Club, **PRIOR** to Swim Club of any changes to **CURRENT** illness or condition.

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