



**Swimmer Information (\*compulsory information)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ (As of 1<sup>st</sup> October) Gender: Male / Female

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Is the Swimmer an Australian Citizen: Yes / No

**Emergency Contact Information for Swimmer (\*compulsory information)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship to Swimmer: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_

Emergency Contact Business Phone: \_\_\_\_\_

Emergency Contact Mobile Phone: \_\_\_\_\_

**Registering Parent (\*compulsory information)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ (As of 1<sup>st</sup> October) Gender: Male / Female

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Emergency Contact Information for Parent (\*compulsory information)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship to Parent: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_

Emergency Contact Business Phone: \_\_\_\_\_

Emergency Contact Mobile Phone: \_\_\_\_\_



# West Coast Swimming Club

## West Coast Swimming Club Medical Form 2018 / 19

Our insurance requires that we have current medical information and parental permission for use in emergencies; a new medical information form is required each season. Forms are returned to the Club Registrar.

ALL INFORMATION WILL BE HELD IN CONFIDENCE BY YOUR CHILD'S COACH

### Swimmer Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ (As of 1st October) Gender: Male / Female

Ambulance Subscription: Yes / No Membership Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Private Health Insurance: Yes / No

Fund Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Allergies: Yes / No

If yes, please provide details of nature of allergy and usual treatment?

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Asthma sufferer: Yes/No

If yes an Emergency Asthma Management Plan should be attached.

Any other current or past medical condition (eg; diabetes, heart condition): Yes/ No

If YES, provide details:

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For all ongoing medical conditions a general or condition specific health care plan should be completed by your child's doctor advising coaching staff of implications for training programs, participation in competition, warning signs and recommended responses. (diabetes, epilepsy / seizure disorders, heart conditions, oncology treatment, severe allergies / anaphylaxis etc)

Have doctor's instructions been provided in writing and attached to this form? Yes / No

Medic Alert Number (if relevant) \_\_\_\_\_

Please list ALL medication currently being taken:

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Medical Practitioner or Specialist: Name \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

**Emergency Contact Information (\*compulsory information)**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Relationship to Swimmer: \_\_\_\_\_

Emergency Contact Home Phone: \_\_\_\_\_

Emergency Contact Business Phone: \_\_\_\_\_

Emergency Contact Mobile Phone: \_\_\_\_\_

In the event of accident or illness, I authorise the person in charge, (where it is impractical to communicate with me), to obtain such medical or surgical treatment deemed necessary for my child. I agree to pay all fees and expenses.

Please note: West Coast Swimming Club and Swimming SA collect membership information in accordance with Swimming Australia's Privacy Policy.

Signature of Parent / Guardian: \_\_\_\_\_

Name of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_