

SWIM ULSTER
MEDICAL INFORMATION & CONSENT FORM
Summer- Omagh, Newry, Cookstown and Ballymoney

To be completed by parents/ guardians of all swimmers under 18 and by all swimmers 18 & over

SWIM ULSTER LTD

Contact details:

SWIM OFFICE 02890667546

MOBILE 07834556442 (Mark Craig)

EMAIL talentid@swimulster.net

Description of activity: Swim Ulster Age Group Skills Camp

Athletes Name _____

Home phone number _____ mobile phone number _____

Address _____

_____ Postcode _____

SI Registration number _____ Date of birth _____

Email address _____

Parent's work phone number _____

Parent's mobile phone number _____

Does your child have any specific medical conditions requiring medical treatment or medication?
If so, please give details, including dosage and frequency of medication;

Does your child take any dietary or nutritional supplements?
If so please give details, including dosage and frequency

What type of pain relief (if any) may be given to your child if considered necessary?

Does your child suffer from asthma, and if so, is s/he registered with Swim Ireland as asthmatic?

Does your child take any medication for asthma?
If so, please give details

Does your child have an up to date tetanus vaccination?

Does your child have any food, drug or other allergies?
If so, please give details

Does your child suffer from any disabilities (physical, visual, hearing or learning) or recognised behavioural problems that could affect their behaviour when training or in competition?
If, please give details

Does your child have any specific dietary needs?

Has your child been in contact with any contagious or infectious disease or suffered from anything in the last 4 weeks that may be infectious?

Is there any other information that the organisers need to be aware of?

Doctor's name _____ Phone number _____

Declarations;

1. I have received details of the activity to be undertaken and give consent for my child to take part in all the activities indicated. I understand that my child may be required to undergo physical & physiological testing of attributes such as height, weight, flexibility, strength & may be asked to perform various activities, both in and out of the water, on equipment associated with their particular discipline. Some performance tests will require my child to give maximum effort. I have not been informed by any medical practitioner that participation by my child in such activities would be dangerous.
2. To the best of my knowledge, the information given above is complete and accurate
3. I undertake to keep Swim Ulster informed of any changes that may arise in relation to the above information.
4. It may be necessary, in an emergency, for the team staff to have the necessary authority to obtain any urgent treatment which may be required. By signing the declaration below, I am giving consent for any medical or surgical treatment recommended by competent medical authorities to be administered, where it would be contrary to my child's interest for any delay to be incurred by seeking my personal consent.
5. I am aware of Swim Ulster rules and code of conduct and acknowledge that my child must obey these conditions at all times. Failure to do so may result in sanctions being applied. In the event that such action involves expense, I accept responsibility to meet any such costs incurred.
6. I am aware that the information declared may be retained by Swim Ulster, in paper form and stored on the computer. Copies will only be made available to those persons who will be responsible for supervising my child but confidentiality of the information will be respected at all times.

Signed by Parent / Guardian _____

Date _____

