



Thurso Amateur Swimming Club

SWIMMERS - Emergency Contact & Medical Declaration Form

No child will be allowed to travel with the team if this form is not submitted.

PLEASE COMPLETE **ALL** BOXES (STATE "NONE" IF APPLICABLE)



Child's Name			Squad	
Address				
Home phone No.			Date of Birth	
Guardian (1) Name			Guardian (2) Name	
Guardian (1) Mobile			Guardian (2) Mobile	
Other Emergency Contact			Relationship	
Emergency Contact phone No.			Mobile No	
GP's Name			GP Phone	
GP's Address				
Current Medical Condition(s)				
Allergies (eg: nuts, penicillin, plasters)				
MEDICATION DETAILS				
List all GP/Consultant prescribed, non prescribed medication, dietary supplements & travel sickness medication				
Prescribed YES/NO	Medication Name		Dosage	Frequency
Children will be responsible for the administration of their own medication.				
Does your child require any help with administration of medication? (Eg: in the case of emergency such as diabetes or Epi-pen)				YES / NO
If yes, please give details and <u>full</u> instructions:				
Do you consent to the Team Manager/Chaperone to administer medication in such an event?				YES / NO
Do you consent to the Team Manager/Chaperone to give your child medication such as paracetamol tablets/Calpol fast melts if deemed necessary?				YES / NO
Do you consent to the Team Manager/Chaperone to administer first aid such as plasters/dressings if deemed necessary?				YES / NO
Does your child have an allergy to plasters?				YES / NO
Please note anything else you feel we might need to be aware of:				
Parent/Guardian Signature			Dated	

This form should be fully completed annually for all squad swimmers and returned to the Meet Secretary:

RICHARD SPARGO, RAGGRA, UPPER GEISE, JANETSTOWN, BY THURSO, KW14 7XF

Information will be held on file and will be passed to the Team Manager for each meet – it is vital that you advise the Meet Secretary immediately if there are any changes to the information you submit.