



West Dorset Swimming Club

Health and Emergency Contact Details

Swimmer's Name & Address

Forename(s) Surname
 Address

Emergency Contacts

Please give the details of two emergency contacts. These should be at different addresses

Name #1 Phone
 Name #2 Phone

Medical Information

Doctor's Name Doctor's Address
 National Health No.
 Medical conditions
*e.g., Asthma, Diabetes, Epilepsy, Heart Conditions **and/or** Learning Difficulties (such as Dyslexia, Dyspraxia, autism, ADHD)*
 Medication(s) taken
 Allergies

Disability

Do you consider yourself to have a disability? (please tick) Yes No

The Disability Discrimination Act defines a disabled person as "someone with a physical or mental impairment which has a substantial or long term adverse effect on his/her ability to carry out normal day-to-day activities."

If yes, what is the nature of your disability?

Visual Impairment Hearing Impairment Physical Disability
 Learning Disability Multiple Disability Other _____

(For club use): Disabled Swimmer Category _____

I hereby consent to emergency medical treatment being given in my absence, whilst my child is swimming at West Dorset Swimming Club, or representing the club at a swimming gala. I also accept responsibility to notify ANY changes to the above information to the relevant Swimming Coach.

Parent/Guardian Signature Date