

## IASC MEDICAL DECLARATION FORM 2018

<b>Swimmers Details</b> (please print clearly)	
Full Name:	Date of Birth:
Address:	
Phone No:	
Email:	
<b>Medical Details</b>	
Doctor:	
Address:	
Phone No:	
Does your child have any medical conditions:	
Does your child use any regular medication of an inhaler:	
<b>IF YOUR CHILD TAKES MEDICINE FOR ASTHMA (and is a regular competitor) YOU ARE REQUIRED TO COMPLETE ANOTHER FORM. PLEASE SEE MEMBERSHIP SECRETARY FOR FUTHER DETAILS</b>	
Does your child have any allergies:	
Is there any other information about your child you feel that coaches should be aware of?	
<p><b>IN CASE OF A MEDICAL EMERGENCY A COACH/CLUB REPRESENTATIVE WILL MAKE EVERY EFFORT TO CONTACT A PARENT/CARER. IF THERE IS A MEDICAL EMERGENCY AND I AM UNAVAILABLE, I AGREE THAT IASC/REPRESENTATIVE OF THE CLUB MAY ACT IN <i>LOCO PARENTIS</i> WITH RESPECT TO EMERGENCY FIRST AID TREATMENT ON MY CHILD, INCLUDING ADMINISTERING ANY PRESCRIBED MEDICATION DEFINED ABOVE</b></p>	
Signed:	
Relationship to swimmer:	

I AGREE FOR THE INFORMATION PROVIDED TO BE AVAILABLE TO THE COACHES OF IASC/POOLSIDE STAFF TO HELP THEM ENSURE THE WELFARE, HEALTH AND SAFETY OF SWIMMERS. I CONFIRM THE ACCURACY OF THE INFORMATION AND WILL NOTIFY THE CLUB OF ANY CHANGE.

Signed:

Date:

**Emergency Contact Details**

Name:

Relationship to swimmer:

Phone No:

Name:

Relationship to swimmer:

Phone No:

CONFIDENTIAL