

# 2021 Swimming Southland SWIMMERS MEDICAL FORM



Name:

Home Address:

Date of Birth:

Swimmers Phone Number:

**Emergency Contact**

Name:

Home Ph.:

Cell:

Work Ph.:

Doctors Name/Practice:

Phone:

Dentist Name/Practice:

Phone:

Medical Condition	Information for Emergency Action
<b>Epilepsy</b> Yes/No	
<b>Fainting/Dizzy Spells</b> (or other sudden loss of consciousness) Yes/No	
<b>Heart Condition</b> Yes/No	
<b>Diabetes</b> Yes/No	
<b>Ear Disorder</b> (including deafness) Yes/No	
<b>Respiratory Disorder</b> Yes/No (including Asthma)	
<b>Allergies</b> (Medication/insects) Yes/No	
<b>Dietary Conditions</b> Yes/No (Gluten, eggs, milk, shellfish etc.)	
<b>Any previous <u>serious</u> Injuries</b> Yes/No	

I authorise the TEAM MANAGER to obtain all medical assistance necessary and agree to pay all medical expenses incurred by my daughter/son during this Swimming Southland Representative Campaign

Signed:

Parent/Guardian

Date