



2022 Swimming Southland SWIMMERS MEDICAL FORM

Name:

Home Address:

Date of Birth:

Swimmers Mobile:

1st Emergency Contact Name:

Mobile:

2nd Emergency Contact Name:

Mobile

Doctors Name/Practice:

Phone:

Dentist Name/Practice:

Phone:

Medical Condition	Information for Emergency Action
Epilepsy Yes/No	
Fainting/Dizzy Spells (or other sudden loss of consciousness) Yes/No	
Heart Condition Yes/No	
Diabetes Yes/No	
Ear Disorder (including deafness) Yes/No	
Respiratory Disorder (including Asthma) Yes/No	
Allergies (Medication/insects) Yes/No	
Dietary Conditions (Gluten, eggs, milk, shellfish etc.) Yes/No	
Any previous <u>serious</u> Injuries Yes/No	
Any other medical condition not listed above	
Details of any medications you are currently taking Including when they are taken	

I authorise the TEAM MANAGER to obtain all medical assistance necessary & pay all medical expenses incurred by my daughter/son during the Swimming Southland Representative Campaign even if the Regional Manager be unable to contact us, after having made every attempt to

Signed:

Parent/Guardian

Date