



# Davenport Dolphins Swimming Club

Affiliated to East Midlands Region & Northamptonshire ASA

[www.davenportdolphins.co.uk](http://www.davenportdolphins.co.uk)

## Medical Information Form

<b>Applicants Details</b>	
<b>Name of Swimmer:</b>	
<b>Address:</b>	<b>Postcode:</b>
<b>Tel Home:</b>	
<b>Mobile:</b>	
<b>E-Mail: (If 18years plus)</b>	
<b>E-mail of Parent/Carer: (If under 18years)</b>	
<b>Date of Birth:</b>	
<b>Emergency Contacts</b>	
<b>Contact Name 1:</b>	
<b>Relationship to the Swimmer:</b>	
<b>Tel Number(s):</b>	
<b>Contact Name 2:</b>	
<b>Tel Number(s):</b>	
<b>Medical Contacts</b>	
<b>Name of Doctor:</b>	
<b>Address:</b>	
<b>Tel Number:</b>	

**Hon. Secretary:**

[ddsclubsecretary@gmail.com](mailto:ddsclubsecretary@gmail.com)

## Medical Conditions

Please complete the form below and indicate with a 'tick' whether the applicant has any medical conditions and/or allergies including any medication that is being taken. If you answer YES to any of the questions please provide as much detail as possible.

<b>Does your child have any specific medical condition requiring treatment and / or medication?</b>	<b>Yes</b>		<b>No</b>	
<b>If YES please give details:</b>				
<b>Does your child suffer from any mental health conditions or any other issue that might affect their overall mental wellbeing</b> (eg: anxiety, panic attacks, stress etc)	<b>Yes</b>		<b>No</b>	
<b>If YES please give details:</b>				
<b>Do you or does your child have any allergies?</b>	<b>Yes</b>		<b>No</b>	
<b>If YES please give details:</b>				
<b>Does your child take any regular medication?</b>	<b>Yes</b>		<b>No</b>	
<b>If YES please give details:</b> (To include name of medication, dosage & regularity)				
<b>Are there any other issues that might impact on training, competing and performance?</b> (eg: menstrual cycle, irritable bowels, anxiety, panic attacks etc)	<b>Yes</b>		<b>No</b>	
<b>If YES please give details:</b>				

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**Hon. Secretary:**

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**Disabilities / Long-term Health Condition**

Please complete the form below and indicate with a tick whether the applicant has any disabilities. If you answer YES to any of the questions please provide as much detail as possible.

<b>Does your child have a disability?</b>	<b>Yes</b>		<b>No</b>	
<b>Learning:</b> Including dyslexia, dyspraxia, ADHD, Autistic Spectrum Disorder	<b>Yes</b>		<b>No</b>	
<b>Physical:</b> Including joint or mobility problems	<b>Yes</b>		<b>No</b>	
<b>Sensory:</b>	<b>Yes</b>		<b>No</b>	

<b>If YES please give details, including any specific requirements:</b>	
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I understand that, in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the purpose and activities of the club. Information will not be kept once a person is no longer a member of the club. The information will be disclosed only to those members of the club for whom it is appropriate and relevant officers of Swim England or British Swimming.

<b>Signed (Swimmer):</b>	
<b>Signature of Parent/Carer:</b> (if the swimmer is under 18 years)	
<b>Date:</b>	

**For Parents/Carers of swimmers under 18 years:**

It may be essential at some time for the Head/Squad Coach or Team Manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment which may be required whilst at a competition with Daventry Dolphins Swimming Club. Would you therefore please complete the details on this form and sign below to give your consent.

As parent/carer of the above named child, I hereby give permission for the Coach or Team Manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

<b>Signature of Consent by Parent/Carer:</b>	
<b>Print Full Name:</b>	
<b>Date:</b>	