



MEDICAL DECLARATION

I am an athlete completing this form because I compete at:

(please ✓ all that apply)

<input type="checkbox"/>	Great Britain or Home Country level, internationally
<input type="checkbox"/>	British Swimming, ASA, SASA, or WASA National events (all disciplines including Masters)
<input type="checkbox"/>	District, Regional or local events (all disciplines excluding Masters)

A new form **MUST** be completed annually even if the medication prescribed has not been altered, or if no medication is being taken. **It is the parent/guardian's responsibility to advise GASC whenever there is any change in the swimmers health or medication, and a new Medical Declaration form MUST be completed.** If the competitor is under the age of 16 this form should be completed and returned by the parent or guardian but must also be signed by the competitor.

This form should be returned to the club secretary as a paper copy. The data contained in this form is classed as sensitive personal data under the Data Protection Act 1998 (DPA) and Garioch Amateur Swim Club will process the data provided in accordance with the DPA. Your express written consent to hold this data is required under the DPA, which by signing this form you are providing. The data will be held securely in accordance with the DPA and will be used to administer you as a member of Scottish Swimming, ASA or WASA.

Please complete and return a signed copy of this form to the GASC Secretary. Forms can be returned via your coach or left in a sealed envelope at the pool. Please notify the secretary on GASCsec@gmail.com if you intend to leave the form at the pool to ensure prompt collection.

PLEASE COMPLETE IN BLOCK CAPITALS

Surname:										
First Name:									Mr / Mrs / Ms / Miss	
Address:										
Post Code:										
Contact number 1:										
Contact number 2: (<u>must also</u> be completed)										
Email:										
Date of Birth:	D	D	M	M	Y	Y				
SASA Membership Number:									Club:	GASC

World Class Squads: (please ✓ where applicable)							
Disability Swimming	<input type="checkbox"/>	Diving	<input type="checkbox"/>	Swimming	<input checked="" type="checkbox"/>	Synchro	<input type="checkbox"/>
Podium Potential	<input type="checkbox"/>	Podium	<input type="checkbox"/>	Water Polo	<input type="checkbox"/>	Open Water	<input type="checkbox"/>

On the following page, please list ALL medication currently being taken on a regular basis, including vitamins and dietary or nutritional supplements, or any other medical condition. Please use additional paper if required.

I DO NOT take any form of medication, vitamin or supplement: (please ✓ the box)

MEDICINES / VITAMINS / OTHER SUPPLEMENTS		
Name of condition and medication, or brand name		Dosage and frequency per day:
ASTHMA		
Medication:	Please ✓ if used:	Ingredient Status as of July 2013
SALBUTAMOL		Salbutamol inhalation is not prohibited up to a maximum of 1600 micrograms over 24 hours. This threshold is not valid in a presence of diuretics. If you are using a diuretic you must have a Therapeutic Use Exemption to use both the diuretic and salbutamol. Injection and oral prohibited.
SALMETEROL		Salmeterol is not prohibited when taken by inhalation in accordance with the manufacturer's recommended therapeutic regime (inhalation).
TERBUTALINE		Prohibited
FLUTICASONE		NOT Prohibited
FORMOTEROL		Formoterol inhalation is not prohibited up to a maximum of 54 micrograms over 24 hours. This threshold is not valid in the presence of diuretics. If you are using a diuretic you must have a Therapeutic Use Exemption to use both the diuretic and formoterol. Injections and oral prohibited.
BUDESONIDE		Out of competition = not prohibited In competition = prohibited oral or rectal administration
BECLOMETHASONE		Out of competition = not prohibited In competition = prohibited oral, rectal or intramuscular injection administration

Please list any allergies you have, and if any medication is required for them:

ALLERGIES	
Allergic to:	Medication and dosage if required:

Signature of athlete:	
If under 16 years of age signature of parent / guardian:	
Name of parent / guardian: (in block capitals)	

Office use

Received by:		Date:	
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