Medical information form template

Dear (click here to enter name of parent/guardian),

It may be essential at some time for the club to have the necessary authority to obtain any urgent medical treatment for your child whilst they train, compete or take part in activities with **Hailsham Swimming Club.**

Would you therefore please complete the details on this form and sign below to give your consent.

|  |  |
| --- | --- |
| Name of child | (click here to enter text) |
| Date of birth | (click here to enter text) |
| Parents/guardians name and address | (click here to enter text) |
| Parent/guardian telephone numbers | (click here to enter text) |

If we cannot get hold of you on the telephone numbers above please nominate any further emergency contacts:

|  |  |
| --- | --- |
| Name | (click here to enter text) |
| Relationship to you | (click here to enter text) |
| Telephone number(s) | (click here to enter text) |

Please detail below any important medical information that our club needs to know. Such as any allergies, medical conditions e.g. asthma, epilepsy, diabetes, any current medication, special dietary requirements and /or any injuries.

|  |  |
| --- | --- |
| Medical information | |
| (click here to enter text) | |
| Name of GP | (click here to enter text) |
| Address | (click here to enter text) |
| Telephone number(s) | (click here to enter text) |

I, (insert name of parent/guardian) being the parent/guardian of the above named child hereby consent to the use of this information by **Hailsham swimming Club** for the protection and safeguarding of my child’s health. I also give permission for the Coach, Team Manager or other Club Officer to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son’s/daughter’s interest, in the doctor’s medical opinion, for any delay to be incurred by seeking my personal consent.

I understand that **Hailsham swimming Club** may still have a lawful need to use this information for such purposes even if I later seek to withdraw this consent.

Signature of consent by parent/guardian (click here to enter text)

Print full name (click here to enter text)

Date (click here to enter text)

**Hailsham swimming Club** will use your personal data for the purpose of your child’s involvement in training, activities or competitions with the Hailsham Swimming Club.

For further details of how we process your personal data or your child’s personal data please view our Privacy Policy.

The Hailsham swimming Club Privacy Policy can be found at (insert organisation Privacy Policy).

Please return this form to **Jeanette Simpson Club Secretary Hailsham Swimming Club**.