

Patrons: Sharron Davies MBE, Stephanie Millward MBE

Medical Information Form

To be filled in by members aged 18 years or over, or by the parents/carer of members under 18 years.
Please delete 'yes'/'no 'as appropriate and complete further details as necessary.

Member's Details

Name of member.

Date of birth.

The Equality Act 2010 defines a disabled person as anyone with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to carry out normal day activities.			
Do you consider yourself/child to have an impairment?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes what is the nature of the disability?			
<input type="checkbox"/> Visual impairment.	<input type="checkbox"/> Learning disability.	<input type="checkbox"/> Hearing impairment.	
<input type="checkbox"/> Physical disability.	<input type="checkbox"/> Multiple disability.	<input type="checkbox"/> Other (please specify)	
<u>Medical Information.</u> Please detail below any important medical information that our organisation needs to know. Such as allergies (e.g nut, medicines, plasters), medical conditions e.g. Asthma, epilepsy, orthopaedic problems any current medication, special dietary requirements and any injuries.			
Name of Doctors Surgery			
Doctors' telephone number.			
I / we consent to Team Bath AS holding medical information for the benefit of my child in case of emergency: <input type="checkbox"/> Agree			

Signed(Member): _____

Date: _____

Signature of Parent/Carer (if parent under 18 years): _____



Patrons: Sharron Davies MBE, Stephanie Millward MBE

PARENTAL PERMISSION FOR MEDICAL TREATMENT IN AN EMERGENCY

For parents/carers of members under 18 years

It may be essential at some time for the 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 or event with _____ (please insert name)

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

In the unlikely event of an accident or illness, during training or at competitions, which needs immediate treatment, I/we understand that representatives of Team Bath AS will try to contact us in the first instance. However, should we be unavailable or unable to be present, I/we give permission for my son/daughter to receive first aid and medical treatment as required from a qualified practitioner.

Signature of consent by parent/carer: _____

Print full name: _____

Date: _____

Please return the form to the Membership Secretary at membership@teambathas.co.uk

Team Bath AS is committed to complying with data protection law and to respecting the privacy rights of individuals. When you become a member of, or renew your membership with Team Bath AS, you will automatically be registered as a member of Swim England and the relevant County and Region. We will provide Swim England with your personal data and comply with the General Data Protection Regulations. Our GDPR policies are available to view in the Privacy section of the Team Bath AS website.