



ESC Horsenden

Health and Consent Form

Swimmers Name _____ **Date of Birth** _____

Medical Conditions (please give details of any medication)

.....
.....

Allergies (Including food allergies)

.....

Parent / Guardian details (please print)

Parent/ Guardian First Name(s).....

Parent / Guardian Last Name

Address.....

Postcode.....

Email.....

Telephone (day).....

Evening

Mobile.....

Emergency no.....

Permission (delete as appropriate)

I give permission for my son /daughter to take part in all activities involved with swimming

I give permission for my son/daughter's photo to be used in the local press

I give permission for my son / daughter's photo to be used on the Ealing Swimming Club website

Signed **Date**