



LILYDALE SWIMMING CLUB Medical Form

Lilydale Swimming Club requires the information below for use in emergencies.

Could you please complete the details below and return to your coach?

First Name: _____ Surname: _____

Date of Birth: ___/___/___ Age: _____

Address: _____ Postcode: _____

Parent/Guardian's Name: _____

Contact Telephone No's: (BH) _____ (M) _____ (AH) _____

Ambulance Cover: (please circle) Yes/No Member Number: _____

Emergency Contact Details:

Name: _____ Telephone No: _____

Family Doctor: Name: _____ Telephone No: _____

Address: _____

Any regular medication: _____

Medical Conditions: (please circle)

Asthma	Yes/No
Allergies	Yes/No
Epilepsy	Yes/No
Fainting/Dizzy Spells	Yes/No
Ear Disorders	Yes/No
Travel Sickness	Yes/No
Relevant Injuries	Yes/No

**Please provide any further information
& instructions for treatment**

Other Medical Conditions (ie: juvenile rheumatoid arthritis):

Year of last Tetanus Vaccination/Booster: _____

Consent: In the case of an emergency, accident or illness I authorise any official from Lilydale Swimming Club to access these records and provide medical assistance, treatment and transportation as deemed necessary at my expense.

Signed: _____ Dated: _____