



Lilydale Swim Club Inc. (Est. 1903)
 Reg. No. A5727, ABN 52 26 335 472

SWIMMER MEDICAL FORM

Lilydale Swim Club (LSC) requires the information requested below for use in relation to ongoing safe practice. This personal information will only be used in the event of injury, illness or emergency, if required. Your details will be disclosed to the following LSC personnel only: Team Managers and Team Coaches.

First Name: _____ Surname: _____
 Date of Birth: _____(dd/mm/yyyy) Age: _____
 Address: _____
 Postcode: _____ Email: _____
 Daytime Contact No.: _____ Secondary Phone No.: _____
 Medicare No: _____

Ambulance Cover: Yes No If yes, Member No.: _____

Private Health Cover: Yes No If So, Provider: _____

Emergency Contact Details:

Daytime No.: _____ A/H No.: _____
 Daytime No.: _____ A/H No.: _____

Family Doctor

Name: _____
 Address: _____
 P/Code: _____ Phone No.: _____
 Regular Medication: _____

Medical Condition	Please Circle	Further Information or instructions
Epi Pen	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fainting/ dizzy spells	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ear Disorders	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Travel Sickness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Dietary requirements or food intolerances	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Injuries	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	



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Is there any other information we may need to know?

Year of last Tetanus Vaccination/Booster: _____(dd/mm/yyyy)

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: _____(just type name to accept)

Dated: _____(dd/mm/yyyy)