

Medical Information Form

Please complete the following information below, if under 18 please can a Parent/Carer complete the form on behalf of the Child.

Name of Member:
 Name of Parent/Carer (if under 18):
 Date of Birth:
 Gender:

* The Equality Act 2010 defines a disable 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 daily activities.		
Do you consider this child to have an impairment ?	Yes	No
If Yes, What is the nature of there Disability? Visual Impairment Learning Disability Hearing Impairment Physical Disability Multiple Disability Other (please specify)		
Medical information Please detail below any important medical information that Ryde Swimming Club needs to know. Such as; allergies, medical condition (eg. Asthma, epilepsy), orthopaedic problems, any current medication, special dietary requirements and/or any injuries.		
* Name of Child's Doctor and Address		
* Doctors Phone Number		

I understand that, in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure, that it is only in connection with the purpose and activities of the organisation. Information will not be kept once a person is no longer a member of Ryde Swimming Club. The information will be disclosed only to those members of Ryde Swimming Club for whom it is appropriate and relevant officers of the Swim England or British Swimming.



Ryde Swimming Club
 Waterside Pool
 The Esplanade Ryde Isle of Wight PO33 1JA
 01983 563656
RSC@watersidepool.co.uk

Signed (Member): Date: Signature of Parent/Carer (if member is under 18 years):

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

I, being the parent/carer of the above named child hereby give permission for the coach/team manager to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of consent by parent/carer:

Print full name:

Date:



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