

Please complete and return to your Team Manager

AQUAGYM SWIM CLUB
Health Form

I/We _____ as Parent/Guardian(s), give permission for my child
_____ to travel with AquaGym Swim Club.

I authorise the Team Manager / Coach / or any other official, if for any reason they are unable to communicate with me, to arrange for my child such medical or surgical treatment (including general anaesthetic) as may be deemed necessary by a qualified medical practitioner. And I agree to pay all medical, hospital and ambulance expenses incurred by the club on my child's behalf.

If my child is sent home for disciplinary reasons, I agree to pay all costs.

Relevant information

Swimmers name _____

Date of Birth _____

Allergies _____

Explain symptoms and appropriate response to allergy

Medical Conditions (e.g. Asthma, Epilepsy) _____

Current Medication (including dosage) _____

Date of last Tetanus immunisation: ____/____/____

Any other relevant information _____

Private Health insurance Yes/ No. Which company _____

Signed _____ (Parent / Guardian)

Please Print

Name of Parent / Guardian _____

Address _____

Telephone (home) _____ Work _____

Cellphone _____

Other contact name and numbers:
