



PO Box 43 156  
Mangere  
Auckland  
[secretary@mangereswimclub.co.nz](mailto:secretary@mangereswimclub.co.nz)

**Mangere Swimming Club Medical information (2013-2014)**

Child's Full Name: ..... Date of Birth .....

Address .....

Emergency Contact Parent/Guardian, Relative or friend (2 required)

**Primary contact**

Full Name: ..... Relationship .....

Telephone (h): ..... (w) ..... (m) .....

Address .....

**Secondary Contact**

Full Name: ..... Relationship .....

Telephone (h): ..... (w) ..... (m) .....

Address .....

**Medical Information**

Doctor's Name .....

Clinic Address .....

Clinic Phone .....

1. Does your child wear a Medic Alert Bracelet?  Yes  No

2. Is your child currently taking any medications e.g. for allergies, asthma or any medical condition/s.

Yes  No

**If YES** list the condition and medication below. Also include:

- Dose per day and frequency of application OR use.
- Any special notes if necessary

.....  
.....  
.....  
.....

.....  
Signed

.....  
date