



SWIMMERS MEDICAL INFORMATION FORM – UPDATED Sept18

Swimmers Name	
Address	
Date of Birth	
Swimmers Contact Cell number	
Swimmers Contact Email	
Parent 1 Name	
Parent 1 Contact Cell Number	
Parent 1 Email	
Parent 2 Name	
Parent 2 Contact Cell Number	
Parent 2 Email	

Medical Information

List any Allergies	
List any Dietary Requirements	
List any Medical Conditions	
List any Medication: Please list ALL medication being taken including Vitamins or dietary supplements	
Doctors Name and Contact Details	
List any General Medical or Specific Needs	
Treatment Approval	By signing this form, I give consent for coach or manager to organise required treatment if required. ie Doctor or Hospital

Athletes Signature

Parent/Guardian Signature

Dated