

CHIPPENHAM AMATEUR SWIMMING CLUB

Founded 1877

Affiliated to the ASA



Medical Information Form

Please refer to the [Club Medical Policy](#) which outlines how this information will be used

Swimmer Name	Date of Birth

Part A

To be completed by members 18 years or over, or by parents/carers of swimmers under 18 years. Please delete Yes or No as appropriate and complete further details as necessary. Once complete, please email to the membership secretary at memberships@chippenhamasc.org.uk

The Disability Discrimination Act 2004 defines a disabled person as anyone with physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.

Do you consider this child to have an impairment	Yes	No	
If Yes, what is the nature of their disability?	Visual impairment Yes/No	Learning disability Yes/No	Hearing impairment Yes/No
	Multiple disability Yes/No	Physical disability Yes/No	Other (please specify)

Medical Information

- Please detail below any important medical information that the club needs to know. Such as: allergies, medical conditions e.g. asthma, epilepsy, orthopaedic conditions and details of any injuries.
- Please provide brief details of current medication.
- Please provide any other information you feel the club should know.

Medical Information

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 and that it is only used in connection with the purpose and activities of the club. Information will not be kept once a person is no longer a member of the club.

I understand that Chippenham ASC complies with the normal operating procedures and emergency action plan of the Leisure Centres where swimming sessions, competitions etc take place.

I understand that an appropriate adult is to remain with the child with a declared condition whilst he/she swims.

Signed (swimmer):

Date:

Signature of Parent/Carer (if the swimmer is under 18 years):



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Part B

For parents/carers of swimmers under 18 years

It may be essential at some time for the club coach or team manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment, which may be required whilst in training/at a competition with Chippenham swimming club. In addition to completing the details on this form, please read the declaration below then email it to the membership secretary memberships@chippenhamasc.org.uk

I.....being the parent/carer ofhereby give permission for the coach or 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:

Please email this form (part A and B) to Chippenham ASC Club membership secretary.