



Medical Information and Consent

Swimmers Name.....

Swimming Club.....

Date of Birth.....

Address.....

Parent / Guardian.....

Phone number.....

Mobile phone

Medicare number.....

Private Fund.....

Allergies.....

Immunisations attended.....

I give permission for my son/daughter..... To receive medical treatment in the case of an emergency arising, whilst attending the Swimming Mid North Coast A squad. I give permission for a general anaesthetic, if deemed necessary by the treating Doctor.

Parent/Guardian..... Date.....