



PBA Piranhas Swimming Club Medical Information

CONFIDENTIAL

To be completed by the Parent/Guardian of PBA Piranhas Swimming Club swimmers. This form will be kept strictly confidential and will only be available to appropriate coaching staff, team managers and Emergency Services Personnel responsible for the swimmer's safety at swimming events / activities.

Section 1: Personal Details

Swimmer's Name Date of Birth.....
 Address.....
 Phone.....
 Parent / Guardian Names.....
 Contact No: Home: Mobile..... Work.....
 Medic Alert No. (if relevant).....
 Medicare No.....
 Private Health Yes / No Fund Name and number.

Section 2: Health Information

Please complete the following information for coaching staff and team managers.

Does your child suffer from any of the following conditions or require medication? Please circle Yes or No.

Asthma	Yes / No	Seizures / epilepsy	Yes / No
Severe allergy (eg: bee sting)	Yes / No	Diabetes	Yes / No
Joint disorder	Yes / No	Heart Disorder	Yes / No
Vision impairment	Yes / No	Hearing impairment	Yes / No
Ear disorder	Yes / No	Skin condition	Yes / No
Incontinence	Yes / No	Communication difficulties	Yes / No
Other (please provide details below)	Yes / No	Medication taken regularly (please provide details below)	Yes / No

Medication details.....

Other relevant information

Have you attached any health care details from your child's doctor / health professional? Yes / No

If Yes, please detail what has been attached:

Section 3

I give my consent for my child named above to participate in swimming activities with the PBA Piranhas Swimming Club.

I give permission for coaching staff and team managers to seek medical assistance or call an ambulance should one be required.

I agree to pay for any associated expenses which arise from my child requiring medical assistance or transport in an ambulance.

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

