



TEA TREE GULLY
AMATEUR SWIMMING CLUB INC
"Teaching the art and encouraging the sport of swimming"

MEDICAL CONSENT FORM

***PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM**

As a PARENT/GUARDIAN of	<i>(child's name)</i>
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Parents/Guardians I/We give my consent for the child/student named above to participate in Tea Tree Gully Swimming Club Inc (TTGASC) activities including but not limited to training, time trials and carnivals.	
Parent/Guardian 1	Parent/Guardian 2
Name:	Name:
Relationship:	Relationship:
Mobile:	Mobile:
Alternate Phone no:	Alternate phone no:

Emergency Medical Contact If your child becomes unwell or is injured, medical attention will be sought if needed. Please provide name, address and telephone number of any doctor or medical specialist currently treating your child who may have information that may help emergency services.	
Name:	Address:
Phone:	Alternate Phone no:

AGREEMENT (tick boxes)
<input type="checkbox"/> If my child becomes ill or is injured while involved in a TTGASC activity, I consent for Coaches/Instructors and Committee Members ("Club Officials") to administer first aid and call an ambulance if necessary.
<input type="checkbox"/> In the event of an accident or illness of my child when I am not present, and when contact with me is impracticable or impossible, I authorise Club Officials to arrange whatever medical treatment they consider necessary. I will pay all medical or dental expenses incurred on behalf of my child relating to the accident or illness.
<input type="checkbox"/> I consent to my child's emergency medical contact being contacted by medical personnel in an emergency.
<input type="checkbox"/> I have provided all information necessary for the TTGASC to plan safe and reasonable health care support for my child. I have completed the attached Additional Medical Information form if my child needs health support whilst involved in a TTGASC activities due to a medical condition or health issue.
<input type="checkbox"/> I take responsibility to update this information if the health status of my child changes.
<input type="checkbox"/> I will ensure that my child will have medication for all medical conditions such as asthma at any club activities

Signature of Member/Parent/Guardian 1 or 2: <i>(Parent/Guardian to sign if applicant is under 18 years)</i>
Signature: _____
Name: _____
Date: / /



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ADDITIONAL MEDICAL INFORMATION

Swimmers Details	
Surname:	Given names:
Date of Birth:	Male / Female
Medicare Number:	Member Number:
Address:	Expires:

Confidential

To be completed by PARENT/GUARDIAN of a child who may need health support while involved in TTGASC activities due to a medical condition or health issue. The information is confidential and will be available only to Club Officials and emergency medical personnel.

Medical Condition	circle	Further information or instruction <i>(please attach action plan if required)</i>
Asthma	Yes / No	
Convulsions / Seizures (eg epilepsy)	Yes / No	
Allergies	Yes / No	
Diabetes	Yes / No	
Vision or Hearing problem	Yes / No	
Fainting / Dizzy spells	Yes / No	
Reaction to Anaesthetic/Drugs	Yes / No	
Travel Sickness	Yes / No	
Other		

Authorisation and release

In the event of illness or accident I authorize the obtaining on my behalf of such medical assistance as my child may require. I accept all operations, blood transfusions and or anaesthetic risks involved and the responsibility for payment of my expenses including ambulance costs.

Signature of Member/Parent/Guardian 1 or 2:

(Parent/Guardian to sign if applicant is under 18 years)

Signature: _____

Name: _____ **Date:** / /