

Member Medical Information Form

To be completed by a member or their responsible adult.

Please tick a **Yes** or **No** as appropriate and complete further details as necessary.



DECLARATION	
Member Name:	Yes / No
Date of Birth:	Yes / No
Medical Information	
Please detail below any important medical information that Turtles needs to know. Such as allergies, medical conditions eg. Asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and/or any injuries.	
Name of Swimmer's GP and Surgery Address	
GP's Contact Number	
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 used only in connection with the purpose and activities of the organisation. Information will not be kept once a person is no longer a member of the organisation. The information will be disclosed only to those members of the organisation for whom it is appropriate and relevant officers of the Ruislip Turtles Swimming Club.	
MEMBER SIGNATURE:	
DATE:	
SIGNATURE OF PARENT/CARER (IF MEMBER IS UNDER 18 YEARS)	
For Parents/Carers of Members under 18 years or vulnerable adults	
It may be essential at some time for the Team Manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment which may be required whilst a competition or event with Ruislip Turtles Swimming Club. Would you therefore complete the details below to give your consent.	
I, being the parent/carer of the above named Swimmer hereby give permission for the 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:	
Emergency Contact Number:	
Date:	