



**Swim England**  
Affiliated Club



Mildenhall & District Swimming Club is a charity registered in England & Wales (1154407)

## **Medical Information Form (2024)**

To be completed by members aged 18 years or over, or by parents/carers of members under 18 years. Please delete **Yes** or **No** as appropriate and complete further details as necessary.

Name of member	Date of birth

The Equality Act 2010 defines a disabled person as anyone with a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on his or her ability to carry out normal daily activities.

Do you consider this member to have an impairment?      **Yes**    **No**

If yes, what is the nature of their disability?

Visual impairment       Learning disability       Hearing impairment

Physical disability       Multiple disability       Other (please specify)

**Medical information**

Please detail below any important medical information that our organisation needs to know. Such as allergies, medical conditions e.g. asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and/or any injuries.

**Name of member's doctor and surgery**

**Doctor's phone number(s)**

**Member's Emergency contact number(s)**



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I understand that, in compliance with the Data Protection Act 2018, 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 Swim England or British Swimming.

Signed (Member): \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Carer (if member is under 18 years): \_\_\_\_\_

**For parents/carers of members under 18 years**

It may be essential at some time for the coach or team manager accompanying your son/daughter to have the necessary authority to obtain any urgent treatment which may be required whilst at a competition or event. Would you therefore please complete the details on this form and sign below to give your consent.

I, \_\_\_\_\_, being the parent/carer of the above named child hereby 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: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to one of:**

- Tiffany Smith (Club Welfare Officer)
- Benita Garry (Team Manager)

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Date Checked: \_\_\_\_\_ Signed (Member): \_\_\_\_\_

Signature of Parent/Carer (if member is under 18 years): \_\_\_\_\_

Date Checked: \_\_\_\_\_ Signed (Member): \_\_\_\_\_

Signature of Parent/Carer (if member is under 18 years) \_\_\_\_\_

Date Checked: \_\_\_\_\_ Signed (Member): \_\_\_\_\_

Signature of Parent/Carer (if member is under 18 years): \_\_\_\_\_