

Wide Bay Regional Swimming Association Inc.
Affiliated with QSA



MEDICAL INFORMATION & CONSENT FORM.

Please Note: This form is to be filled in by a parent or guardian of the student attending the meet/camp. The information contained herein is required by Medical Practitioners in the event of swimmers requiring treatment. The information given is not intended to stop the swimmer attending the camp. It is important for the well being of the student that the form is accurately & fully completed.

SWIMMERS NAME:.....
DATE OF BIRTH:.....
NAME OF PARENT/GAURDIAN:.....
ADDRESS:.....
PHONE: HOME:.....OTHER.....

Please provide the following:

Medicare Number:.....
Concession Number.....
Medical Insurance Fund & Number.....

Has your son/daughter had a Tetanus Booster in the past 12 months?.....

**If Yes PLEASE does your son/daughter suffer from any of the following?
GIVE FULL DETAILS (e.g. severity, date of last attack, medication).**

Heart Problems.....
Asthma.....
Other respiratory problems.....
Drug allergies.....
Food Allergies.....
Other allergies.....
Diabetes.....
Epilepsy.....
Blood Pressure.....
Phobias.....
Recent operations/illness.....
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Others.....
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MEDICATION: Please give details of any medication being taken by your son/daughter including dosage, frequency and any Doctors instructions.....
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I hereby authorize the Managers of the Wide Bay Development, Achievers, Early Achievers and Junior skills squads to obtain such medication attention as deemed necessary and I understand that I am responsible for the cost.

Date:.....Parent's/Guardians signature.....