

St Austell ASC – Medical Information Form 2019-2020

To be completed by all members aged 18 years or over, or by parents/carers of all members under 18 years.

Please delete 'Yes' or 'No' as appropriate and complete further details as necessary.

Swimmer's/Member's Full Name

Date of Birth

Do you or does your child have any specific medical conditions e.g. asthma. Epilepsy, orthopaedic problems?

YES / NO If Yes, please provide details

Do you or does your child have any allergies or special dietary requirements?

YES / NO If Yes, please provide details

Do you or does your child take any regular medication?

YES / NO If Yes, please provide details

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

Do you or your child have any impairment? **YES / NO** If yes, please tick the relevant box below.

Visual impairment Learning disability Physical disability Hearing impairment Multiple disability Other (please specify)

Name & Contact Details of your / your child's GP

Any other relevant information

Emergency Contact Details – Name & Telephone Number (x2 required)

I understand that, in compliance with the revised Data Protection Regulation 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 club. Information will not be kept once a person is no longer a member of the club. The information will be disclosed only to those members of the club for whom it is appropriate and relevant officers of the Amateur Swimming Association/Swim England or British Swimming.

Signed

Date

Countersignature of Parent/Carer (if member is under 18 years old)

For Parents/Carers of members under 18 years

It may be essential at some time for the Club 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/external training session with St Austell ASC. 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 any 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:

Date:

Print Full Name:

Parent's Photography Consent Form 2019-2020

St Austell ASC may wish to take photographs of our members under the age of 18 (individuals and in groups) that may include your child. All photos will be taken and published in line with the current ASA/Swim England Photography & Social Media policies. We require parental consent to take and use photographs. Parents have a right to refuse agreement to their child being photographed.

Swimmer's/Member's Full Name

Date of Birth

As the parent or carer of the above named child please complete the form below. Please note you can withdraw your consent in writing to the club Welfare Officer at any time should you wish to.

- Take photographs to include with newspaper articles. **Consent given/consent refused** (delete as appropriate).
- Take photographs to use on our Club notice board. **Consent given/consent refused** (delete as appropriate).
- Take photographs to use on the Club's social networking sites **Consent given/consent refused** (delete as appropriate).
- Take photographs to use on the St Austell ASC website. **Consent given/consent refused** (delete as appropriate).
- Employ a professional photographer (approved by the club) who will take photographs in competitions/galas/meets/club events. **Consent given/consent refused** (delete as appropriate).
- Filming for training purposes only **Consent given/consent refused** (delete as appropriate).

Signature of Parent/Carer

Date

Print Full Name