



## WELLINGTON SWIMMING CLUB EMERGENCY CONTACTS AND MEDICAL INFORMATION

**The following information will be treated in confidence.**

Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent / Carer Name \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

If parents / carers can be contacted at work please give the telephone numbers

Name \_\_\_\_\_ Phone No \_\_\_\_\_

**I consent to my child receiving medical treatment in the event of an emergency.**

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

\_\_\_\_\_

Parent/carer

In the event of a medical emergency every possible effort will be made to contact you. We request that you agree to your child receiving emergency medical treatment if the situation arises. It is important for you to understand that such a decision will be decided upon by a Doctor.

Own Doctors Name \_\_\_\_\_

Address

\_\_\_\_\_

1. Please provide any information regarding medical conditions that may be relevant, e.g. Allergies, Asthma, Diabetes, Epilepsy, Other.

\_\_\_\_\_ None

2. Is your child currently taking any medication? E.g. Antibiotics

\_\_\_\_\_ None

**Emergency Contact Numbers** (Please delete as appropriate)

Relatives (R) or neighbours (N) that could help contact Parents/Carers quickly in case of emergency.

Name \_\_\_\_\_ (R or N) Phone No

\_\_\_\_\_

Name \_\_\_\_\_ (R or N) Phone No

\_\_\_\_\_

Name \_\_\_\_\_ (R or N) Phone No

\_\_\_\_\_