

SWIMMERS MEDICAL INFORMATION

This form must be **FULLY** completed for **ALL** swimmers and submitted by email to registrar@gulliverscsc.com.au within 2 weeks of registration. All information is considered confidential.

The medical information provided will be available to club officials to plan for your child's safety at club sanctioned events and activities. No swimmer will be excluded from swimming except on medical advice.

This section is to be completed by the PARENT/GUARDIAN for swimmers participating in Gullivers Coomera Swimming Club events or activities.

Swimmers Details	
Surname:	Given names:
Date of Birth:	Male / Female
Address:	

Parent/Guardian/Emergency Contact Details	
Name:	Relationship:
Address:	
Home Phone:	Mobile Phone:
Email:	

Parent/Guardian/Emergency Contact Details	
Name:	Relationship:
Address:	
Home Phone:	Mobile Phone:
Email:	

Confidential Medical Information

This section is to be completed by PARENT/GUARDIAN of a child who may need health support while involved in Gullivers Coomera Swimming Club events and activities due to a medical condition or health issue. The information is confidential and will be available only to Club Officials and emergency medical personnel.

Current or Previous Injuries

(Please list all injuries for insurance reasons)

--

Medical Conditions	circle	Further information or instruction (please attach action plan if required)
Asthma	Yes / No	
Convulsions / Seizures (eg epilepsy)	Yes / No	
Allergies	Yes / No	
Diabetes	Yes / No	
Vision or Hearing problem	Yes / No	
Fainting / Dizzy spells	Yes / No	
Reaction to Anaesthetic/Drugs	Yes / No	
Travel Sickness	Yes / No	
Other		

Confidential Medical Information Continued

Practitioner Details	
Regular Practitioner Name:	
Phone Number:	
Date of Last Tetanus Injection:	

Medicare and Private Health Fund Details	
Medicare Card Number:	Expiry Date:
Private Health Fund Name:	Membership Number:

Declaration

I hereby confirm that the information provided above is true and correct. I agree that I will notify the Gullivers Coomera Swimming Club if any information has changed or requires updating.

Name:	Signature:	Date:
-------	------------	-------