

Winsford ASC Parental Consent Form

Dear Parent/Guardian,

It is imperative that the Coaching Staff are aware of any medical conditions your child may have should any emergency arise while your child is swimming.

Please complete the details below and update us if these details change in the future. Return the completed form to the Club Desk, or Barry Keeling, so it can be forward to the membership team.

We also recommend you join our website winsfordasc.co.uk so you can be kept up to date with club news, training changes, last minute pool closures etc. You will be asked for some of this information again as the website is run by different volunteers.

Swimmer's Name.....

Date of Birth.....

Emergency Contact 1 – Name.....

Phone Number.....

Emergency Contact 2- Name.....

Phone Number.....

GP's Details:

Name.....

Address.....

Phone Number.....

Medical Condition.....

Regular Medication and Dosage (including inhalers)

1.....

2.....

3.....

4.....

Allergies (Put "none" if none known)

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I being parent/guardian of the above child hereby give permission for the Coaching Staff to give immediate necessary authority on my behalf for any medical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signature:

(consent by Parent/Guardian)

Full name: (Block Capitals)

Date: