



Medical Information Form

Season 2021-2022

Our insurance requires that we have current medical information and parental permission for use in emergencies; a new medical information form is required each season. Could you please complete the details below, and return this form to the [Eltham Swimming School](#).

ALL INFORMATION WILL BE HELD IN CONFIDENCE

Swimmer's Full Name Date of Birth/...../.....

Address

Parent's/ Guardian's Name

Contact Ph No (Bh) (Ah) Mobile

Ambulance Subscriber? Yes/ No; Membership No Medicare No

Private Health Insurance? Yes/ No; Fund Membership No

Preferred Physician

Any Allergies? Yes / No;

IF YES, PLEASE PROVIDE DETAILS OF NATURE, LEVEL AND USUAL TREATMENT?

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Asthma Sufferer? YES/NO; DETAILS OF MEDICATION /TREATMENT PLAN

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Asthma sufferers will be asked to fill in an Emergency Asthma Management Plan at a later time

OTHER RELEVANT CURRENT OR PAST MEDICAL CONDITION? YES/ NO IF YES,

DETAILS

.....

PLEASE LIST ANY MEDICATION BEING TAKEN CURRENTLY

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Year of Last Tetanus Injection/ Booster

In the event of accident or illness, I authorise the person in charge, (where it is impractical to communicate with me), to obtain such medical or surgical treatment deemed necessary for my child. I agree to pay all fees and expenses.

Signature of Parent/Guardian

..... **Date**

1441 Main Rd, Eltham (Near Kalbar Rd)

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