

## MEDICAL INFORMATION AND CONSENT FORM

(must be completed and submitted with gala form for each event)

**Gala/competition** \_\_\_\_\_ **Discipline** swimming / diving / water polo

**Venue** \_\_\_\_\_ **Date** \_\_\_\_\_

**Participants name** \_\_\_\_\_ **Squad** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **ASA number** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Personal contact number** \_\_\_\_\_

**Parent/Guardian (1) Name** \_\_\_\_\_ **Contact number** \_\_\_\_\_

**Parent/Guardian (2) Name** \_\_\_\_\_ **Contact number** \_\_\_\_\_

**Parent/Guardian (3) Name** \_\_\_\_\_ **Contact number** \_\_\_\_\_

**Doctor's Name** \_\_\_\_\_ **Telephone number** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**Allergies** \_\_\_\_\_

**Medical conditions** \_\_\_\_\_

**Medication taken** \_\_\_\_\_

Please sign below to confirm that the participant is fit and able to compete in the above event.

(Parent/Guardian to sign if participant is under 18yrs old)

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_