



Roskill Swimming Club Consent/Medical Form

To be completed for
Away Meets/Camps

Name of Athlete: _____

Name of Event: _____ Date of event: _____

Medical Information

1. Are there any medical conditions, major injuries, disabilities or allergies which could affect the swimmer's ability to take part in the planned activities, or would be necessary for a Roskill Swimming Club Coach/Team Manager to know in order to exercise reasonable care?
(Please circle and advise details and treatment) **Yes / No**

Details:

Treatment:

2. Is your child currently taking medication? **Yes/No** If YES, please state:

Ailment/s:	
Name of medication/s:	
Dosage and time/s to be taken	

3. Are the swimmer's tetanus injections up-to-date? (Please circle) **Yes / No**
4. Is the swimmer fully immunised? **Yes / No**
5. Is there any other information a Roskill Swimming Club Coach/Team Manager should know to ensure the physical and emotional safety of your child? (For example cultural practices; disability; anxiety; custodial issues, behaviour or emotional issues). **Yes/No**

Details:

6. Doctor's name: _____ Ph: _____
Medic Alert #: _____

Dietary Requirements

Please list any dietary requirements in relations to allergies, medical condition or religious beliefs.
(This does not mean food preferences)

Details:



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Emergency Contact Details:

Name: _____ Relationship to Swimmer: _____

Contact Phone numbers: _____

Name: _____ Relationship to Swimmer: _____

Contact Phone numbers: _____

Parents and swimmers please acknowledge that when swimmers are away from home representing Roskill Swimming Club, a substantial responsibility is placed upon the coaches, parents and management and we require a clear understanding and commitment from parents and swimmers to achieve and maintain the highest standards.

- In the event of an emergency I authorise the obtaining of any medical assistance deemed necessary and agree to meet any costs incurred.
- I give permission for Panadol to be administered to my child for pain or fever as necessary.
- I agree to the terms, conditions and policies of Roskill Swimming Club and hereby consent to my swimmer attending and participating in this camp/meet.
- I confirm any pre-existing injuries/illness have been disclosed above and will be discussed with the Director of Coaching prior to departure to camps/meets. Any injuries or illness during this away camp/meet will be seen by a doctor or physiotherapist at my expense and if it is deemed my swimmer is unable to compete at these camps/meets, or have an illness that could affect other swimmers, they will be sent home.
- I confirm that I have discussed the rules of this meet/camp and the code of conduct agreement set out by the Roskill Swimming Club with my swimmer and agree to pick up or meet any transport costs should my child be required to be sent home. I understand that there will be no refunds.

Swimmer's Agreement:

- I have read and agree to accept the behaviour and code of conduct agreement set out by the Roskill Swimming Club.
- I understand and agree that the Team Manager is responsible for behaviour management. I understand and agree that my parents/caregivers will be contacted and I may be sent home at their expense if my behaviour or conduct is considered unacceptable by the Team Manager. The Team Managers decision is final.

Swimmer: _____ **Date:** _____

Parent/Caregiver Name: _____

Signature: _____ **Date:** _____