MEDICAL DISCLAIMER

The contents of this form will only be divulged to the relevant Bradford Aquatics Staff. The details within shall remain confidential to anyone other than the above mentioned. This information will be held centrally for use throughout the season, if the details should change, please provide updated details.

Diver/Swimmer Name:_____

Address:_____

Post Code:_____   DOB:_____

Parents/Guardians Names:_____/_____

Email address:_____

Contact Telephone Number: 1._____

Contact Telephone Number: 2._____

Please state whether there is any specific medical conditions requiring medical treatment and/or medication

Yes ☐   No ☐   If yes, Please provide details……

Any Allergies? Yes ☐   No ☐   If yes, please provide details………

Any contact with contagious diseases/injuries sustained in the last six months?

Yes ☐   No ☐   If yes, please provide details………

Please provide details of any disabilities?

Please provide details of any special dietary requirements:

Signed: Date:

<u>LOCO PARENTIS FORM</u>

The Loco-Parentis Form is required in addition to the medical form for when parents are absent for prolonged periods of time. Please note that all contact numbers should be completed, Should medical treatment be required, every attempt of contact will be made before treatment is authorised by team staff. All coaches & team staff are CRB checked in accordance with National Governing Body Guidelines.

Name of Athlete_____

Name of consenting parent:_____

I _____ agree that in my absence the appropriate team staff

/ Chaperone is in loco-parentis of my son / daughter_____

Should my son / daughter _____ require medical treatment,

I _____authorise the team official to authorise the

undertaking of medical treatment as advised by a medical professional,

further to this I agree that the medical personnel are allowed to discuss with

the team staff / chaperone the nature of any medical condition that may affect

my son / daughter.

Please provide details of two people that should be contacted in an emergency:

   1. Name:_____

   Relationship: _____

   Telephone Number:_____

   2. Name:_____

   Relationship:_____

   Telephone Number:_____

Signed_____ Date:_____