

LITTLEHAMPTON SWIMMING CLUB

Emergency Contact / Consent for Emergency Medical Treatment

Activity:	Date:	
Swimmers Name:	Date of Birth:	
Parent/Carer(s) Name:		
Address:	Telephone Contact:	
Postcode:	Home:	
Alternative Emergency Contact Number:		
Contact Name:	Relationship to swimmer:	
GP Name:	Telephone Number:	
Address:		
Please tell us about any known allergies:		
Please detail any specific medical conditions:		
Please detail any current medication:		
<i>Please ensure your child has any inhalers for asthma or any other medication with them and inform the team manager</i>		
Any other relevant information:		

I, (PRINT NAME) being the parent/carer of the above named child hereby give permission for the Coach or Team Manager to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where in the doctor's medical opinion it would be contrary to my child's interest for any delay to be incurred by seeking my personal consent.

Signature
(consent by parent/carer)

Date