

# HATFIELD SWIMMING CLUB

## SWIM CAMP

### MEDICAL FORM

SURNAME: ..... FORENAME: .....

ADDRESS .....

..... DATE OF BIRTH: .....

DOCTOR'S NAME: .....

DOCTOR'S ADDRESS: .....

.....

#### EMERGENCY TELEPHONE CONTACT NUMBERS:

Contact Person 1

Contact Person 2

Name .....

Name .....

a) During working hours .....

b) Evening .....

c) Weekend .....

d) Mobile .....

Please enter another contact name and number (relative, neighbour or friend) where we can leave a message for you. It would be helpful to know the name of the person whose telephone this is.

Name: ..... Tel No: .....

#### MEDICAL INFORMATION

1. Do you suffer from any allergy e.g.. drug, foodstuff, animals? YES/NO

If YES, give additional; information.

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2. Have you been immunised against tetanus? YES/NO If YES, give approx. date

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3. Do you suffer from travel sickness? YES/NO

4. Do you suffer from any recurring illness such as asthma? YES/NO

If YES, give additional; information.

.....  
5. Do you.....

a. Take regular medication for any reason, e.g. asthma, epilepsy, migraine etc.? YES/NO  
If YES, give additional; information.

.....  
b. Require injections for diabetes? YES/NO  
c. Use an inhaler or nasal spray? YES/NO  
d. Use any other medication at present? YES/NO  
If YES, give additional; information.

.....  
6. Undergoing investigation in hospital, or on the waiting list for hospital treatment?  
YES/NO  
If YES, give additional; information.

.....  
7. Please attach a note of any special care you might need to take while we are on tour,  
including any special dietary requirements.

Note any medicines to take with dosage and times

Name of medicine: .....

Dose / or doses: .....

Time of day to be given: .....

8. To the best of your knowledge, have you been in contact with any contagious or infectious  
disease or suffered from anything in the last four weeks that may be or become contagious or  
infectious? YES/NO If YES, please give brief details:

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.....

9. If I require medical care during the swim camp and if, in the opinion of the doctor dealing  
with the case, surgery is required, then I hereby give to the leader(s) of the tour group permission to  
sanction such treatment if contact cannot be made with either of the 2 people mentioned in the  
emergency contact section.

Signed: .....

Date: .....