

## MEDICAL CONDITIONS

In order for Lecale A.S.C. to comply with Child Protection guidelines we request that all parents / guardians make available to The Club information regarding any medical conditions that their child(ren) may have. This information will be kept confidential and will only be shared with designated Committee members and Swimming Coaches.

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I consent to my child being transported to hospital for any emergency medical attention by any Committee member. (Please tick if in agreement)

CLUB MEMBER'S NAME: \_\_\_\_\_

Does your child suffer from any medical conditions: ☐ NO ☐ YES

If yes please give brief details and any prescribed medication used:

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Any other relevant information:

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Parent / Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_