



**Marlborough Penguin ASC
HEALTH QUESTIONNAIRE AND CONSENT**

NAME DOB.....

ADDRESS.....

TEL

NEXT OF KIN RELATIONSHIP

ADDRESS IF DIFFERENT FROM ABOVE

CONTACT NUMBERS IN CASE OF EMERGENCY – Please supply 2 one should be a mobile number
1).....2)

GP'S NAME TEL NO

Although my child is/I am in good health and fit to take part in the Club's activities, details of any medical conditions that may affect his/her/my participation are indicated below. I accept it is my responsibility to advise the Welfare Officer of any new and/or changes these medical conditions as soon as they arise. **Failure to make a full disclosure may result in your ASA Insurance cover being invalid.**

Medical Conditions	Yes/No	Details of condition/medication required (if any)
Diabetes	Yes/No	
Asthma	Yes/No	
Epilepsy	Yes/No	
Operations	Yes/No	
Significant illnesses	Yes/No	
Allergies if known	Yes/No	
Disabilities	Yes/No	
Others – including ADHD, Autism, Aspergers or Learning Difficulties (Continue details overleaf if necessary)	Yes/No	

Epi-pens, inhalers etc required by swimmers **MUST** be clearly named and taken onto poolside at the start of their training session, otherwise participation in that session will be refused. **IMPORTANT** - I understand that the Club will make every effort to contact me in the event of an emergency. However, I consent to my child receiving immediate medical treatment from the Emergency Service or a Doctor if consider necessary.

SIGNED PRINT NAME DATE.....