

SINGLE TRIP MEDICAL FORM

This form will cover the following competition: _____

It is the parent/legal guardian's responsibility to complete the form and to advise the club of any medical details. All completed forms will be retained for safekeeping by the Club Competition Officer throughout the duration of the competition. All details will remain confidential and used for no purpose other than that intended.

Diver's name Divers DOB..... Address..... Tel. No	Doctor's name Address Tel. No
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EMERGENCY CONTACT DETAILS *Note: Continuous effort will be made to contact you in the event of an emergency*

Name	Relationship to Diver	Telephone No
.....	Home
		Mobile
.....	Home
		Mobile

DIVER HEALTH INFORMATION

Does your child suffer from any allergies? If yes, give details

Does your child have special dietary requirements? If yes, give details

Is your child taking any medications at present? If yes, give details

To the best of your knowledge has your child been in contact with any infectious or contagious disease or suffered from anything in the last four weeks that may become contagious or infectious? If yes, give details

Does your child suffer from travel sickness? YES / NO

Has your child received a tetanus injection in the last five years? YES / NO

Give full details of any recent illness or injury that might affect your child's participation in the event

Does your child suffer from any conditions requiring medical treatment? If yes, give details

I agree to my child receiving emergency treatment, including blood transfusion/anaesthetic, as considered necessary by the medical authorities present. I understand DIVING is covered by the Scottish Amateur Swimming Association's Liability Insurance but that there is no insurance for personal accident (e.g. loss of bags).

Signed by Parent or Guardian Date

Print Name