

Cardiff Chameleons Swimming Club - Medical Form - IN CONFIDENCE

Name:

D.of B. Age

Address:

 Post Code

Contact Numbers

Name & Address of GP ⇨	
Telephone No. ⇩	
<input type="text"/>	

The GP does not have to see or sign this form.

Name of Medication	Dosage	When to be taken	Condition

Can s/he be given paracetamol Y/N

Does s/he have seizures Y/N

MEDICATION MUST BE IN ITS ORIGINAL PACKAGING

Other information that may be of help

Any medical emergency that occurs whilst either away at an event/weekly session, the parent, guardian or carer will be informed as soon as practicable. The event organiser or coach will seek first aid or medical assistance / hospital prior to contact.