



TEA TREE GULLY
AMATEUR SWIMMING CLUB INC
"Teaching the art and encouraging the sport of swimming"

MEDICAL CONSENT FORM

*PLEASE USE BLOCK LETTERS WHEN COMPLETING THIS FORM.

As a PARENT/GUARDIAN of

(child's name)

Parents/Guardians

I/We give my consent for the child/student named above to participate in Tea Tree Gully Swimming Club Inc (TTGASC) activities including but not limited to training, time trials and carnivals.

Parent/Guardian 1	Parent/Guardian 2
Name:	Name:
Relationship:	Relationship:
Mobile:	Mobile:
Alternate Phone no:	Alternate phone no:

Emergency Medical Contact

If your child becomes unwell or is injured, medical attention will be sought if needed. Please provide name, address and telephone number of any doctor or medical specialist currently treating your child who may have information that may help emergency services.

Name:	Address:
Phone:	Alternate Phone no:

AGREEMENT (tick boxes)

- If my child becomes ill or is injured while involved in a TTGASC activity, I consent for Coaches/Instructors and Committee Members ("Club Officials") to administer first aid and call an ambulance if necessary.
- In the event of an accident or illness of my child when I am not present, and when contact with me is impracticable or impossible, I authorise Club Officials to arrange whatever medical treatment they consider necessary. I will pay all medical or dental expenses incurred on behalf of my child relating to the accident or illness.
- I consent to my child's emergency medical contact being contacted by medical personnel in an emergency.
- I have provided all information necessary for the TTGASC to plan safe and reasonable health care support for my child. I have completed the attached Additional Medical Information form if my child needs health support whilst involved in a TTGASC activities due to a medical condition or health issue.
- I take responsibility to update this information if the health status of my child changes.
- I will ensure that my child will have medication for all medical conditions such as asthma at any club activities

Signature of Member/Parent/Guardian 1 or 2:

(Parent/Guardian to sign if applicant is under 18 years)

Signature: _____

Name:

Date: / /