

Emergency Contact and Medical Declaration form

Completion of this form is required prior to commencement of the course. *If the learner is aged under 18, this form should be completed by a parent or legal guardian*

Learner details

Surname:	Forename:	Title:
Gender:	Date of birth:	Age:
Home address:		
Telephone number(s) home and mobile:	Email:	
Course details (level, venue & start date):		

Local contacts in emergency

Contact 1 name:	Contact 2 name:
Relationship to you: (please indicate if this person is your next of kin)	Relationship to you: (please indicate if this person is your next of kin)
Address (if different from above):	Address (if different from above):
Telephone numbers (home/work/mobile): Please provide two different contact numbers where possible.	Telephone numbers (home/work/mobile): Please provide two different contact numbers where possible.

Doctor

GP's name:
GP's telephone number:
GP's surgery name & address:
Have you been given any specific medical advice? If so please give exact details e.g. to refrain from strenuous exercise, heavy lifting, refrain from work for x days after the operation
Are you receiving any regular medical treatment? Give details and the required dose
Do you wish the tutor to look after any medicines? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, you must hand all medications and instructions to the Course Tutor at the start of the day
Do you give permission for paracetamol/ aspirin/ ibuprofen to be administered if necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Medical and/or impairment declaration

The Disability Discrimination Act 2004 defines a disabled person as anyone with physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day to day activities.

Are you pregnant? Yes No

Do you consider that you have an impairment? Yes No

If yes, what is the nature of your disability? (please give further details of any disability where you have ticked the box under *Medical Information* below)

Visual Impairment Learning Difficulty Hearing Impairment
 Physical Disability Multiple Disability Other (please specify).....

Medical information

Please detail below any important medical information that the centre staff need to know. This may include allergies, medical conditions (e.g. asthma, epilepsy, orthopaedic problems, recent operations, heart conditions), any current medication, special dietary requirements and /or any injuries. Please also specify any other condition that may affect your ability to undertake strenuous exercise or lifting.

I understand that, in compliance with the Data Protection Act 1998, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the course. Information will not be kept once a person has completed their above stated qualification. The information will be disclosed only to relevant officers of York Swimming Academy Ltd., Swim England or their authorised facility provider.

By signing this document you (the learner) are agreeing that you are fit & healthy enough to continue on the course and that you will take responsibility for any medical issues that may arise whilst on the course as a result of the medical information declared above.

Signed (Learner): _____ Date: _____.

If the learner is under 18, this form must be signed by a parent or legal guardian.

Please state your relationship to the learner here: _____