

# Dover Life Guard Club

## Health Questionnaire and Administration of Medication Consent Form

Swimmer's Details	
Name	
Address	
Date of Birth	

Parent/Guardian's Contact Details			
Name			
Address (if different)			
Home Phone No.		Mobile Phone No.	

GP's Contact Details	
Name	
Address	
Telephone Number	

Swimmer's Medical History	
Last Tetanus date	
Last Polio Vaccination Date	
Last date of contact with any infectious disease	
Details of any allergies to Drugs or anything else (nuts, plasters etc)	
Is the child Asthmatic?	Yes/No
If yes, name of medication to remain with child	
Is any medication currently being taken?	
Any other relevant information	

I, in my capacity of parent/guardian of the above named child, hereby give my permission for the Coach, Team Manager or First Aider to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/ daughter's interest, in the doctors medical opinion, for any delay to be incurred by seeking my personal consent	
Signed	
Print Full Name	
Date	

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## Health Questionnaire and Administration of Medication Consent Form

It may be necessary at some time for the Club Coach, Team Manager or Club First Aider accompanying your son/daughter to have the necessary authority to obtain urgent treatment which may be required during competition or training. Would you therefore complete the details on this form and sign below to give your consent. Please make sure that you send all medication your child might require on the trip, **even paracetamol or other non-prescription pain relief**. We cannot administer any medication without your written consent. **Please do not** give your child their own medication, as they sometimes try to help their friends and there is a danger of being overdosed. We will ask children found to have medication (other than Asthma pumps) in their possession to hand it over for safekeeping.

Name of Medication		
Prescribed for (condition)		
Amount to be given		
Times to be given		

I hereby give my consent for a member of the Dover Life Guard Club Support Team to administer the above medication on my behalf

Signed	
Print Full Name	
Date	

To be completed by Support Team Member when medication given.				
Date	Time	Name of Medication	Dosage	Signature