

Please hand this form to your coach

HEART OF MIDLOTHIAN AMATEUR SWIMMING CLUB

MEDICAL INFORMATION FORM

Name:

DoB :

Address :

Tel. :

Email:

Emergency
Contact :

Address :

Tel. :

Doctor's
Name :

Address :

Tel. :

Do you suffer from any medical condition ?

Are you taking any regular medication ?

Any other information that your coach should be aware of in the event of accident or emergency ?

If any of the above information changes it is important that you advise your coach immediately. All information will be treated in confidence and retained by your coach.