



Carnegie Swimming Club Medical Record Form

Swimmer's Details

Name: _____ Date of Birth: _____

Address: _____

Post Code: _____

Emergency Contact Details

Name: _____

Telephone Numbers: Home: _____ Mob: _____

Swimmer's Medical Details

(Please note all details will be treated in confidence and retained by Carnegie Swimming Club)

Does the swimmer suffer from any medical conditions? – if so please provide details	
Is the swimmer taking any regular medication? – if so please provide details:	
Is there any other information your swimmer's coach should be aware of? – if so please provide details:	

Please return this completed form to the Club Membership Secretary