

# WHARENUI SWIM CLUB

## HEALTH FORM

This form is to be filled out by any travelling swimmer/player who has health issues that the Manager needs to know about. It is parent's responsibility to advise Manager of any issues.

NAME: .....

CONTACT NO: .....

DOCTOR & TELE. NO. ....

MEDICATION: .....

ALLERGIES: .....

MEDICAL INFO: .....

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Parent's Signature: .....

(Allowing Manager to take swimmer/player to the doctor - will be billed back to family)

### NOTE:

When swimmers/players are attending meets held in outside pools, they are responsible for making sure they apply their own sunscreen at all times.