



**GYMPIE GOLD FINS SWIMMING CLUB INC.
MEDICAL FORM**

Name: _____ Date of Birth: _____

Address: _____

Emergency Contacts:

Person 1: _____ Contact No. _____ Relationship: _____

Person 2: _____ Contact No. _____ Relationship: _____

Health Insurance Information:

Medicare Number: _____ Child reference No. on card: _____ Expiry Date: _____

Is your family covered by private health insurance? YES/NO

If YES, Fund Name: _____ Membership Number: _____

Please list any allergies: (eg Bee stings)

(1) _____ (2) _____

(3) _____ (4) _____

Please list any Medical illness(es) (eg asthma):

(1) _____ (2) _____

(3) _____ (4) _____

Current Medication(s) (including asthma if applicable)

Please ensure that the member always carries his/her own medication.

(1) _____

(2) _____

Please list any current injuries (including in the last 12 months)

(1) _____

(2) _____

Do you have any special dietary requirements? YES/NO

If YES, please elaborate: _____

If required, do you give give permission for Gympie Gold Fins Swimming Club Inc. to administer basic first aid medications such as Panadol, Nurofen, aqua ear, etc? YES/NO

I _____ (parent/guardian if under 18years of age) authorise the person in charge to administer basic first aid and/or obtain professional medical treatment for my child if none of the listed Emergency Contacts are available.

Signed: _____ Date: _____