



Wizards Swim School @ Bracken Ridge

'the Pool at the School'

Medical Form

Participants Name:		Date of Birth:	
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PARENT/GUARDIAN/OTHER EMERGENCY CONTACT

Name:		Home Phone:	
Relationship:		Business Phone:	
Address:		Mobile Phone:	

MEDICAL INFORMATION

Please list any special medical problems (e.g. Asthma, Epilepsy, Migraine, Bone or Blood Disorder)

Medical Condition/s:

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Current Medication

Type	Dosage	Time/s

Allergies:

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Last Tetanus Injection:			
Family Doctor:		Phone:	
Private Health Fund:		Number:	
Medicare Number:			

In case of emergency when I cannot be contacted, I grant the person in charge authority to seek any necessary medical assistance, to permit any emergency surgery, operative and medical treatment to be carried out and to permit the administration of a general anesthetic, if he/she thinks it advisable and necessary after consulting the appropriate medical authorities.

Signature of Parent/Guardian: _____ Date: _____

Smart Swim