



Bristol Penguin Olympic Swimming Club Open Water Swimming Programme – Contact / Personal Info

Name _____ DoB _____

Name of parent(s)/guardian(s) _____
(or next of kin if 18 or over)

Tel home		Mobile(s)	
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Email address(es) _____

1) Does your child (or you if 18 + yrs) have any medical condition(s) and/or injuries that may affect their health and safety while swimming? YES / NO

E.g. asthma, epilepsy, diabetes, poor sight, deafness, additional education needs, injuries? If YES, please give details below. As necessary, include details of any medication that your child is prescribed on a regular basis.

2) Is your child (or you if 18 + yrs) allergic to anything? YES / NO If YES please give details below

I, being the parent/guardian (N/A if 18 + yrs) of _____

hereby give permission for my child / me (if 18 + yrs) to be given emergency treatment as necessary and/or contact to be made with appropriate medical/health authorities should any urgent matters of concern arise.

Signed _____ Date _____

Data Protection: at the end of the open water swimming season (Sept) this form and the data will be destroyed / deleted within two months.