



Moorooka Marlins Amateur Swim Club

Moorooka State School
Cnr Sherley and Beaudesert Rd, Moorooka. 4105
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admin@moorookamarlins.com.au

MEDICAL INFORMATION AND RELEASE FORM

Personal Information

Child Name: _____

Date of Birth: _____ Age: _____ Male/Female: _____

Parents Names: _____

Address: _____

Home Phone: _____

Email: _____

Emergency Contact
Name and Number: _____

Does your child suffer or has suffered from:

Heart Problems	Yes / No
Joint Problems	Yes / No
High or Low Blood Pressure	Yes / No
Asthma	Yes / No
Other Respiratory Ailments	Yes / No
Epilepsy	Yes / No
Diabetes	Yes / No

Details:

Please answer the following:

Have they had recent surgery?	Yes / No
Have they been ill recently?	Yes / No
Do they take medication?	Yes / No
Do they have special needs?	Yes / No

Other: Allergies/ Behavioural:

If you answered yes to any of the above questions it is advised to seek medical advice from your doctor prior to participating in an exercise program and must inform coaches/instructors of any medical issues.

Doctors Name: _____ Phone: _____

Medicare Number: _____

I (print Name) _____ declare that the information I have given is true and correct to the best of my knowledge. I understand that this information is to be kept confidential and give my permission to the supervising instructor to obtain any medical or assistance they deem to be necessary should any medical emergency occur. I agree to all policy and procedures of Moorooka Marlins Amateur Swim Club. I acknowledge the inherent risks associated with swimming and other aquatic activities and agree that myself and my child will always conduct safe behaviour within the facility.

Signature: _____ Date: _____