

CONFIRMATION AND MEDICAL FORM

Meet Name	
Dates	

It should be realised that these pursuits do contain some element of risk. This risk is countered by carefully structured and sequenced activities, and by supervising with suitably competent staff and adults. It is important that students follow any instructions given to them and follow the few rules imposed on them. It should also be realised that because of the changeable and unpredictable nature of the outdoors that the risk can never be reduced to zero.

For the duration of the trip normal Academy rules of behaviour will still apply.

Please answer the following questions by ticking the appropriate answer and elaborate where applicable.

Medical Conditions	Yes	No
1. Is your swimmer's tetanus inoculation current?		
2. Does your swimmer have any particular dietary needs? Eg, Vegetarian If yes, details please:		
3. Has your swimmer had contact with any contagious diseases that we should be aware of? If yes, details please:		
4. Is your swimmer taking any medication? If yes, details please:		
5. Is your swimmer allergic to: <ul style="list-style-type: none"> - Any medication? - Any food? - Bee/Wasp stings? - Anything else? If yes, details please: What action should be taken?		

Medical Conditions		Yes	No
7. Does your swimmer have any history of: <ul style="list-style-type: none"> - Asthma - Diabetes - Sight impediment - Hearing impediment - Injury or illness - Other If yes, details please:			
8. Is there anything else we should know about your swimmer that would affect their participating, or others, or would adversely affect the health and well being of other people on the trip?			
Your name, address and contact phone number: Name: _____ Address: _____ _____ Phone (Work): _____ Phone (Home): _____	Your Doctor's name and phone number: Dr's Name: _____ Phone: _____		

PLEASE NOTE:

- (a) Please have your child bring spares of any medication for their Instructor to carry.
- (b) Your swimmer will be covered by the normal public liability insurance while on this camp.
- (c) While at camp your swimmer's personal effects are NOT covered by our insurance policy. You should ensure your insurance company would cover all eventualities.

As a parent/caregiver of _____ I hereby give my consent for him/her to participate in the above mentioned swimming meet. I have read and understood the information at the start of this form regarding risk and safety precautions. I have explained to my son/daughter that normal Academy rules apply during the trip and that following rules and the directions given to them by Instructors is necessary for their safety and wellbeing. I understand that the costs will be charged to our son/daughter's school account.

I delegate my parental authority and responsibility to the Academy coaches and Team Managers involved and in the event of accident or illness, I authorise any medical assistance and treatment as necessary.

Signature of Parent/Guardian: _____ Date: ____/____/____

Swimmers Signature: _____ Date: ____/____/____

Please return to: Pool Office, St Peter's School, Cambridge, Private Bag 884 or fax to 07 827 9812