

**MARYBOROUGH
SPORTS & LEISURE
CENTRE SWIM SCHOOL**

**Enrolment/Medical
Information Form**

We ask for this information so that our staff will know in advance of special medical conditions that your child/children may have. Also, in the event of serious injury or illness, this form provides emergency medical personnel with a useful medical history. We will keep the information on this form confidential. It will be seen only by staff or medical personnel.

Name of person in lessons:

Term: _____

Name: _____ DOB: _____ Level: _____ Day _____ Time _____

Name: _____ DOB: _____ Level: _____ Day _____ Time _____

Name: _____ DOB: _____ Level: _____ Day _____ Time _____

Name: _____ DOB: _____ Level: _____ Day _____ Time _____

Availability: _____

Family Details:

Parent/ Guardian Name: _____

Address: _____

City: _____ Postcode: _____

Home: () _____ Mobile: _____

Email: _____

Medical Information

Name	Medical condition	Signs/Symptoms	Medication
1.			
2.			
3.			

* In the event of an accident or illness I authorise staff at Maryborough Sports & Leisure Centre to obtain required medical assistance. I agree to meet any expenses attached thereto.

Signed: _____ Date: _____

Print Name: _____ Staff Name: _____