

# Perth City Swim Club



## Medical Protocol

Name of Child:  DoB:	Address:
Emergency Contact 1  Relationship To Child	Name Address  T/C Number
Emergency Contact 2  Relationship To Child	Name Address  T/C Number
Please Provide Details of Acute Illness, Disability, Learning Difficulty, Long Term Condition  Including difficulties relating to communication, vision language disorder, learning difficulty, dyslexia, dyscalculia, dyspraxia, ADHD, ASD	
Is the individual currently prescribed any medication?(Please circle)  Yes                      No	If yes, please detail.
Please state who needs to know this information? (please circle)  Coaches                      Team Manager  COVID Officers                      Facility Manager  Welfare Officer                      Club President  Other (please state).....	Have you updated Team Unify?  Yes - date entered  No – please complete as soon as possible
How does this condition/illness impact on swimmer?  1.  2.	

How can we support this swimmer during training and gala's? eg what strategies or advice can you give to coaches to

**I agree/not agree (please delete accordingly)** to ensure that the Welfare Officer via email (welfare@perthcityswimclub.com ) is made aware of any medical changes by updating and resending this document to this address.

Welfare Officer Name –  
Date sent to relevant parties -

Parent/Carer/Guardian Signature

Date Signed