

# MEDICAL INFORMATION FORM

## 2018/2019 Season



### WOOLLOOWIN WOBBERGONGS SWIMMING CLUB

SWIMMERS SURNAME: .....D.O.B.:.....

SWIMMERS FIRST NAME: ..... Male/Female:.....

#### MEDICAL INFORMATION

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*As a parent/guardian, I give consent for my child to swim with the above listed medical condition/s.*

Parent / Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

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SWIMMERS SURNAME: .....D.O.B.:.....

SWIMMERS FIRST NAME: ..... Male/Female:.....

#### MEDICAL INFORMATION

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