

AQUATICS

SCHOOL SWIMMING MEDICAL FORM

Please provide us with the following pupil information:

NAME

\_\_\_\_\_

D.O.B      \_\_\_/\_\_\_/\_\_\_\_\_

SCHOOL \_\_\_\_\_

YEAR GROUP \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

MEDICAL  
CONDITION \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICATION (IF ANY)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ANY SPECIAL  
REQUIREMENTS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SWIMMING ABILITY:- (please circle)

Non swimmer

Beginner (5 metres without aids)

Improver (10 metres without aids)

Confident (25 metres+ / deep water)

*THIS FORM MUST BE HANDED IN TO THE SWIMMING TEACHER ON YOUR FIRST LESSON*