



CONSENT TO TRAVEL AND MEDICAL FORM

Your child has qualified to represent Swimming Counties Manukau
at : x

If you wish to allow your child to compete, and accept the Team Manager will have full control over your child while away, please complete and sign this consent form. The consent will also cover any MEDICAL attention needed if you cannot be contacted.

Swimmers Full Name: _____

Parents/Guardian: _____

Address: _____

Home Phone: _____

Alternative Contact Name: _____

Phone Number: _____

Local Doctor: _____

Any Medical condition: _____

Known Allergies: _____

Any Current Medication: _____

I give my consent for my child to attend the above Meet and accept that the team Manager is responsible for my Child. I also consent to any urgent medical attention that my child may need if I can not be contacted :

SIGNED

PARENT/GUARDIAN

Please Return This Form To Pool Side Team Manager

