

Amateur Swimming Federation of Great Britain Ltd

Medication Declaration Form

As part of the registration process this form should be completed and returned by any competitor taking medication. A new form must be completed each year, even if the medication prescribed has not altered. If the competitor is under age of 18 this form should be completed and returned by the parent or person in loco parentis but must still be signed by the competitor. This form should be sent direct, not via the club secretary. Information sheet ref. Med/info/0102 will assist in completing this form.

Surname																								
First Name													Miss / Mr / Ms / Mrs											
Address	Address																							
Post Code	Tel No. (incl. STD Code)																							
E-mail:																								
Date of Birth	ate of Birth							Registration No.																
Club	ib																							
Doctor's name	Doctor's name (GP)																							
Address																								
Post Code									Tel No. (incl. STD Code)															
Please indicate n	nedicatio	n take	n for tre	eatmen	t of asth	nma by	tickir	ng the a	ppropri	ate bo	X													
SALBUTAMOL (i.e. Ventolin) A													7											
SALMETEROL (i.e. Serevent)				В					BUDESONIDE (Pulmicort)								E F							
,									BECL	OME ⁻	ΓHAS	ONI	ONE (i.e. Becotide											
TERBUTALINE (i.e. Bricanyl)				С				_																
FLUTICASONE (i.e. Flixotide)				D																				
Other medication taken for the treatment of asthma				G Name of Medication:																				
Please list below below:	ALL me	dicatio	n curre	ntly bei	ng take	n for a	ny otl	her med	lical cor	ndition	alon	g witl	h any	dietar	y or n	utritio	nal sı	ıpplen	nent	s in th	ie spa	ce		
5010111																								
If necessary please continue on a plain sheet and indicate that an additional sheet is attached by ticking this box 🗅																								
Signature of c	Signature of competitor																							
If under 18 year	If under 18 years of age Signature of parent or person in loco parentis																							
Date																								

Please return a copy to the Registration Department, ASFGB, Freepost LE6678, Loughborough, LE11 0BR and a copy to be retained by competitor