



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																			
Post Code							Tel No. (incl. STD Code)												
E-mail:																			
Date of Birth							Registration No.												
Club																			

Doctor's name (GP)													
Address													
Post Code							Tel No. (incl. STD Code)						

Please indicate medication taken for treatment of asthma by ticking the appropriate box

SALBUTAMOL (i.e. Ventolin)	A			BUDESONIDE (Pulmicort)	E		
SALMETEROL (i.e. Serevent)	B			BECLOMETHASONE (i.e. Becotide)	F		
TERBUTALINE (i.e. Bricanyl)	C						
FLUTICASONE (i.e. Flixotide)	D						
Other medication taken for the treatment of asthma	G		Name of Medication:				

Please list below ALL medication currently being taken for any other medical condition along with any dietary or nutritional supplements in the space below:

If necessary please continue on a plain sheet and indicate that an additional sheet is attached by ticking this box

Signature of competitor
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