



BABY SWIMMING MEDICAL FORM

Details on this form are entirely confidential and are for personal records only.

Name: _____ Age: _____

Baby's Name: _____ Male / Female: _____

Baby's Date of birth: _____ Baby's Due Date: _____

Occupation: _____

Address: _____

Tel.: Work: _____ Home: _____

Mobile: _____

Email: _____

Other children + ages _____

Please give details of past or present injuries or problems (parent or baby)

Are you or your baby presently on any medication (please give details)

Relevant labour / birth details / did your baby need special care:

Any further information you would like to make us aware of

I take full responsibility over the health of my baby and myself in the swimming sessions and should there be any medical change I will inform the Birthlight teacher.

Signed: _____

Date: _____