



APPENDIX TO INDIVIDUAL MEMBERSHIP FORM

In order to ensure the best care for you during the swimming session you are requested to complete this form if you have epilepsy.

Name.....Date of Birth (if under 18).....

What type of epilepsy do you have?.....

Major seizures (Convulsive)

Yes	No
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Minor seizures

Yes	No
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Other (please

indicate).....

.....

How often do seizures occur?.....

Do you know when you are going to have a seizure?

Yes	No
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If YES, what signs or symptoms should the swimming supervisor look

for?.....

Could you please describe your typical seizures

.....

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How long on average do they last?.....

Do we need to know of any special emergency procedures or medication?

Yes	No
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If YES, please give details of any emergency procedures and after how long they should be put into operation.....

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(The Club will not divulge any of the information given on this form to any third party)

Signed.....

Date.....

(Applicant or Parent/Guardian)