



## 2019/2020 Team Travel Information Form

Required for all swimmers 11 and older who will be participating in team travel

Information revealed on this form will be considered confidential.

### Athlete Information

Full Name (as it appears on passport or BC Id): \_\_\_\_\_  
First Middle Surname

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Gender: \_\_\_\_\_

Passport # \_\_\_\_\_

Country of Issue \_\_\_\_\_

BC Care Card: \_\_\_\_\_

Expiry Date (if applicable): \_\_\_\_\_

Athlete Email: \_\_\_\_\_

Athlete Cel #: \_\_\_\_\_

**Athlete Travel Information (please list anything a chaperone would need to know to ensure your child is safe and comfortable while on team travel) ie: ALL Allergies, Medical issues, Medications or Special dietary restrictions:**

\_\_\_\_\_  
\_\_\_\_\_

In the event of an allergic reaction what action does your athlete take? \_\_\_\_\_

*Does the swimmer carry an epi-pen? Yes / No*

### Authorization for Over-the- Counter Medication

When ISC travels to meets outside of Victoria, parent chaperones accompany swimmers, providing supervision and support. When required, chaperones may provide over-the-counter (OTC) medications to swimmers to treat minor health problems. Please initial those which you will permit chaperones to provide to your swimmer.

\_\_\_\_ Graval (oral, for nausea and vomiting)

\_\_\_\_ Benadryl (or antihistamine)

\_\_\_\_ Halls or other type of throat lozenge

\_\_\_\_ Tylenol or acetaminophen

\_\_\_\_ Advil or Ibuprofen

\_\_\_\_ Zantac, Gaviscon (or other heartburn relief)

\_\_\_\_ Polysporin ointment

\_\_\_\_ Immodium (or similar anti-diarrheal)

**Signing this form gives permission to ISC's chaperones to act on my behalf and provide my swimmer with the indicated and appropriate OTC medication. I recognize it is my responsibility, as a parent/guardian, to ensure that I notify ISC administration of changes to this approved list and any changes or updates to the travel form.**

This travel form is my permission for the coaches, chaperones, or officials with the Island Swimming Club (ISC) to be my signing authority for my child, \_\_\_\_\_, in the case of a medical emergency during an ISC activity. This release will only be used when my child is taking part in an activity with ISC and only when ISC is unable to personally contact a parent or guardian.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Parent Contact Information** \*\*note emergency contact information will be required with each team travel declaration as this information may change throughout the year.

Name of Parent/Guardian: \_\_\_\_\_

Cel Number: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Cel Number: \_\_\_\_\_