

MEDICATION DECLARATION FORM

I am an athlete and completing this form because I am:

- Representing Great Britain or my Home Country internationally
- Competing in a British Swimming, ASA, SASA or WASA National event (all disciplines, excluding masters)

A new form MUST be completed annually even if the medication prescribed has not been altered or if no medication is being taken and whenever the medication is changed. If the competitor is under the 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 to British Swimming, not via the club registration/welfare officer. The data contained in this form is classed as sensitive personal data under the Data Protection Act 1998 (DPA). The ASA, SASA, WASA or BS will process the data provided in accordance with the DPA. Your express written consent to hold this data is required under the DPA, which by signing this form you are providing. The data will be held securely in accordance with the DPA and will be used to administer you as a member of the ASA, SASA or WASA.

Please complete and return a signed copy before your departure to:

Rachel Burrows – Anti-Doping Manager
 British Swimming,
 Sportpark,
 3 Oakwood Drive,
 Loughborough University,
 Leicestershire, LE11 3QF
Rachel.Burrows@Swimming.org

Surname							Miss / Mr / Ms / Mrs				
First Name						DOB					
Address											
Post Code:				Tel No:							
E-mail:											
Membership Number:											
Club Name:											
World Class Squad: (please tick where applicable)											
Disability Swimming	<input type="checkbox"/>	Diving	<input type="checkbox"/>	Swimming	<input type="checkbox"/>	Synchro	<input type="checkbox"/>				
Podium Potential	<input type="checkbox"/>	Podium	<input type="checkbox"/>	Water Polo	<input type="checkbox"/>						
Signature of athlete:											
If under 18 years of age signature of parent or person in loco parentis:											
							Date:				

Please list below ALL medication currently being taken on a regular basis for any other medical condition including vitamins and dietary or nutritional supplements in the space below or tick the 'no medication' box below:

MEDICINES	
Name of medication	Dosage and frequency per day
VITAMINS/ OTHER SUPPLEMENTS	
Brand name and main ingredient (if listed)	Dosage and frequency per day

Asthma

Medication	Please tick if use	Ingredient status – as of July 2013
Salbutamol		Salbutamol inhalation is not prohibited up to a maximum of 1600 micrograms over 24 hours. This threshold is not valid in the presence of diuretics. If you are using a diuretic you must have a Therapeutic Use Exemption to use both the diuretic and salbutamol. Injections and oral prohibited.
Salmeterol		Salmeterol is not prohibited when taken by inhalation in accordance with the manufacturers' recommended therapeutic regime (inhalation)
Terbutaline		Prohibited
Fluticasone		NOT prohibited
Formoterol		Formoterol inhalation is not prohibited up to a maximum of 54 micrograms over 24 hours. This threshold is not valid in the presence of diuretics. If you are using a diuretic you must have a Therapeutic Use Exemption to use both the diuretic and formoterol. Injections and oral prohibited.
Budesonide		Out of competition - not prohibited. In competition = prohibited oral or rectal administration
Beclomethasone		Out of competition - not prohibited. In competition = prohibited oral, rectal or intra-muscular injection administration

* Where prohibited is listed, an application for a TUE must be applied for

I declare that I do not take any form of medication
(this includes vitamins and supplements) - please tick box

Office Use:

Received By:		Date:		Date Inputted at membership:	
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