



WRITTLE MINORS MEDICAL FORM

THIS FORM MUST BE COMPLETED FOR EVERY CHILD AND HANDED TO THEIR COACH BEFORE THEY WILL BE ALLOWED TO TRAIN OR PLAY ANY MATCHES.

Please complete ALL sections and sign the declaration at the bottom of the page.

| | | |
|---|------------------|---|
| D.O.B.: / / | AGE GROUP: | PLAYERS INITIALS & SQUAD NUMBER (E.G. WM7): |
| <u>PLEASE COMPLETE ALL FOUR EMERGENCY CONTACTS</u> | | |
| #1 – NAME: | MOBILE: | LANDLINE: |
| #2 – NAME: | MOBILE: | LANDLINE: |
| #3 – NAME: | MOBILE: | LANDLINE: |
| #4 – NAME: | MOBILE: | LANDLINE: |
| DOCTOR'S NAME: | TELEPHONE: | |
| DATE OF LAST TETANUS VACCINATION: / / | SURGERY ADDRESS: | |

| | | |
|---|--------|--|
| Does your child suffer from ANY allergies or medical conditions? | YES/NO | If yes, please give FULL DETAILS OVERLEAF: |
| Does your child need to use ANY medication or are they on permanent medication? | YES/NO | If yes, please give FULL DETAILS OVERLEAF: |
| Is your child able to administer their own medication? | YES/NO | |
| Is anyone else authorised to do so if parent/guardian not available? | YES/NO | If yes, please give FULL DETAILS OVERLEAF: |
| Does your child have ANY other health information that we should be aware of? | YES/NO | If yes, please give FULL DETAILS OVERLEAF: |

You MUST inform the Club of any changes to any of these details, as soon as they occur.

We take the safety and wellbeing of your child very seriously. It is vitally important that you ensure your child has any relevant medication they may need with them at all times when attending matches, training or other Club events. If you are unable to attend, you MUST leave any such medication, clearly labelled with their name and accompanied with any necessary information or instructions, with their coach. **Failure to do this means your child simply cannot take part – no exceptions.**

Should you not accompany your child to Club events you agree to remain contactable at all times and understand that if your child should require emergency treatment the Club will make every effort to contact you on the contact numbers provided. If, however, you are not contactable on the numbers provided you hereby authorise the Club to consent on your behalf for an anaesthetic to be administered, or any other urgent medical treatment to be given to your child as recommended by the medical professionals dealing with them.

Parent/Guardian signature

Date:

Details of ANY allergies or medical conditions.

Details of ANY medication.

Details of anyone authorised to administer medication.

Details of ANY other health information we should be aware of.