

WOODLAND LTC

EMERGENCY CONTACT FORM

Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of your child.

Name of child:	
Child's date of birth:	
Child's gender:	
Home Address:	
Mobile Phone:	

MEDICAL INFORMATION:

Please detail any medical conditions e.g. asthma, epilepsy, orthopaedic problems, learning disabilities or any allergies e.g. stings, hay fever, plasters	
Please list any medication that your child takes and times to be taken. If your child needs help administering medication, please speak to one of the coaches beforehand.	
Any dietary needs?	
Any other relevant information eg as a result of religious grounds?	
GP's name, address and phone number:	

PRIMARY EMERGENCY CONTACT FOR CHILD

Name:		
Relationship to the child:		
Address:		
Contact details:	Phone:	Email:
	Mobile:	

SECONDARY EMERGENCY CONTACT FOR CHILD

Name:		
Relationship to the child:		
Address:		
Contact details:	Phone:	Email:
	Mobile:	

It may be essential at some time for the responsible adult accompanying your child to have the necessary authority to administer first aid or obtain any urgent treatment which may be required whilst at this competition, course or event. Would you therefore please complete the details on this form and sign below to give your consent.

I, _____ being the parent/carer of the above named child hereby give permission for the responsible adult to administer first aid or any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of consent by parent/carer:		
Name:		
Date:		