

PLAYER INFORMATION SHEET

PART 1

Child Details

Name of child:

Address:

Postcode:

Date Of Birth:

Parent/Guardian Details and Contact in Case of Emergency:

Name 1:

Address:

Contact No:

Name 2:

Address:

Contact No:

PART 2

Medical Information

Does your child suffer from any illness or medical condition (including allergies) that we need to be made aware of:

(Please delete as appropriate)

YES / NO

If YES please state the nature of illness/ condition below:

Is you child on any form of medication: YES / NO

If YES please state below type of medication:

PART 3

Medical Assistance while Playing / Training

I give permission for my child to be administered first aid	YES/ NO	YES/ NO
I give permission for an ambulance to be called and for an adult to accompany my child if I am not present	YES/ NO	YES/ NO

If the answer to both of the above is NO then you must ensure that you are present at all times with your child whilst training or playing. Please ensure that you sign and date this sheet. Please keep us updated via your parent rep of any changes in order for us to update our file.

Parent/Guardian Signature

Date: