

CONSENT FORM

EMERGENCY CONTACT & MEDICAL INFORMATION

(If U18 to be completed by Parent or Guardian)

In case of emergency and as part of the Club's responsibility to its membership, all junior members are required to complete this consent form as accurately as possible. Details will be held securely with access restricted to authorised Club officers only.

As far as you are aware, is your child allergic to any drugs? (Please state)

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Is your child taking any regular medication? If so, for what reason?

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Does your child have any long-term illnesses or injuries?

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DECLARATION: I consider my son/daughter* to be physically fit and capable of full participation and agree to notify the Club of any changes to the medical information provided. Furthermore, in the event that my child is injured I give permission for my son/daughter* for the team manager/coaches appointed by Redland Ladies Hockey Club to obtain emergency medical treatment on your behalf.

Please delete as appropriate where indicated by a * then sign and date below.

PARENT/GUARDIAN'S NAME

ADDRESS

SIGNATURE DATE

CHILD'S NAME DOB/...../.....

RELATIONSHIP TO CHILD

EMERGENCY CONTACT NUMBERS 1st Mobile.....

2nd Mobile

SESSION ATTENDED (i.e.U13 Girls)

IMPORTANT MEDICAL INFORMATION

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