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.

Details of the event/activity requiring completion of this form	

Name of child:	
Child's date of birth:	
Child's gender:	
Please detail any important access, faith, medical or additional needs that our organisation needs to know. Such as allergies, medical conditions e.g. asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and/or any injuries.	

PRIMARY EMERGENCY CONTACT FOR CHILD

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

SECONDARY EMERGENCY CONTACT FOR CHILD

Contact details:	Phone: Mobile:	Email:

It may be essential at some time for the responsible adult accompanying your child to have the necessary authority to obtain any urgent treatment which may be required whilst at this competition 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 give the immediately necessary authority on my behalf for 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:	