

SASC EMERGENCY/MEDICAL INFORMATION FORM

MEDICAL INFORMATION

Details of GP (Name and surgery address)	
Does your child have any Specific medical conditions Requiring treatment and/or medication?	Yes/NO . If yes please give details.
Does your child have any allergies?	Yes/NO . If yes please give details.
Does your child take any medication For asthma?	Yes/NO . If yes please give details.
Does your child have any disabilities?	Yes/NO . If yes please give details.

SASC EMERGENCY/MEDICAL INFORMATION FORM

Any other relevant Information i.e. special Educational needs?	
--	--

It may be essential at some time for the Club Coach or Team Manager accompanying your son/daughter to have the necessary authority to obtain any urgent medical treatment, which may be required whilst training or at Club representative competition. Would you therefore complete the details on this form and sign below to give your consent.

I,..... Being parent /guardian of the above named child hereby give permission for the Coach or Team Manager 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/daughters interest , in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signature.....(consent by parent/guardian).

Print full name.....Date.....