

Old Laurentian RFC

MEDICAL DETAILS AND EMERGENCY PERMISSION

Player's Name: Date of birth.....

Home Address:

Emergency contact name and phone number (to be contactable AT ALL TIMES)

1.....

2.....

Name, address and telephone number of own doctor

Is he/she allergic to anything? If so please give details (e.g. plasters, aspirin, antibiotics or any particular drug or food substance)

Does he/she suffer from any of the following: asthma, chest complaints, hay fever, migraine, fits or faints, travel sickness, diabetes or any other illness or disability? If so please give details:

Is he/she having any medical treatment at present? If so please give written details of treatment/medicines taken etc.

Date of last anti tetanus injection (if known)

Does he/she have any physical disability? Please give details of any special attention required:

Are there any activities in which your child should not take part?

Is there any other information about the player that the team coach/manager should be aware of:

I,, (**your name in block capitals**) give consent to the medical examination of my son/daughter when necessary whilst he/she is taking part in Old Laurentian RFC training sessions/matches. I request that any operation or any other measures considered necessary by a medical authority for his/her diagnosis and treatment shall be performed and for the administration of a general or local anaesthetic if required.

I hereby give my permission for such operation or other measures to be carried out in an emergency only.

I understand that while the team coach/manager will take reasonable care of my child, they cannot necessarily be held responsible for any loss, damage or injury suffered by my son/daughter arising during the Old Laurentian RFC training sessions/matches.

Signed:

(Parent/Legal Guardian)

Date:.....