



PARENTAL MEDICAL CONSENT FORM (Sept 2010 – Sept 2011)

Please complete this form using BLOCK CAPITAL LETTERS

The coaches / team manager will keep this form or a copy

Description of activity: Badminton sessions, including fitness training, activities as directed by the coaches and match play

Name of child: .....

Date of birth of child: .....

Address: .....

Home telephone: ..... Mobile telephone 1: ..... Mobile telephone 2: .....

Email address: .....

Alternative emergency contact number: ..... Name of contact and relationship to child: .....

Does your child follow a special diet? .....

Has your child ever had any of the following: YES/NO – If YES please give details

- a) Allergies to any know drugs, state name of drug(s) .....
b) Any other allergies (please specify) .....
c) Asthma or bronchitis .....
d) Heart condition .....
e) Fits, fainting or blackouts .....
f) Migraine or severe headaches .....
g) Diabetes (sugar tolerance abnormalities) .....

Does your child have any other weaknesses or disabilities which require special care or attention?

Please give details .....

Has your child been immunised against tetanus? ..... Date of last injection: .....

Is your child receiving any current medical or surgical treatment? .....

If so, are there any special precautions or advice to follow in an emergency?

Please list and give details of any illnesses or accidents that occurred during the last twelve months

Name of General Practitioner .....

Address of GP ..... Telephone number of GP.....

I will inform the team manager / coach(es) as soon as possible of any changes in the medical details given on this form between now and the end of the 2009/2010 season.

It is essential that in the event of your child requiring emergency medical treatment, that we have your consent for our team managers / coaches to act on your behalf. Please would you therefore sign the declaration below to give us authorisation.

Declaration:

I agree to my son/daughter/ward receiving medication and emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I give my consent for a Derbyshire Junior Badminton team manager or coach to act on my behalf should my child require such emergency medical treatment.

Name .....

Signed..... Date .....