



SPORTS MEDICAL INFORMATION FORM

This form must be filled out and returned to the Mr Daley before a child may participate in practice or matches.

Name of Sport _____

Child's Name _____ **Class** _____ **DOB** _____

Address _____ **PC** _____

Parent/Guardian Name _____

Address _____ **PC** _____

Home Phone No _____ **Mobile** _____ **Work** _____

In the event of an accident the following people are to be contacted

1. Name _____ **Relationship to child** _____

Home Phone No _____ **Mobile** _____ **Work** _____

2. Name _____ **Relationship to child** _____

Home Phone No _____ **Mobile** _____ **Work** _____

3. Name _____ **Relationship to child** _____

Home Phone No _____ **Mobile** _____ **Work** _____

Name of Doctor _____ **Telephone** _____

Any other information that we need to know to assist your child e.g. heat problems, nose bleeds, allergies, asthma etc. Any medication that they may require e.g. puffers for asthma

I consent to my child taking part in practices and matches organized by St Francis School and understand that I am responsible for transporting my child to and from training and matches.

I understand that in the case of a serious accident or emergency my child will be transported to hospital by ambulance and that every attempt will be made to contact the emergency contacts named above. St Francis School has ambulance cover and all official activities are covered by our policy.

Parent /Guardian Name _____ **Signed** _____

Relationship to Child _____ **Dated** _____