



CWLTC

MEDICAL CONSENT FORM FOR JUNIORS

Anything written on this form will be held in confidence. Our coaches need to know these details in order to meet the specific needs of your child.

CHILD'S FULL NAME:

ADDRESS:

TELEPHONE NO: AGE: DATE OF BIRTH: MALE / FEMALE
(please circle)

EMERGENCY TELEPHONE (1): (2):

IF UNAVAILABLE CONTACT: TEL: TO CHILD:
RELATIONSHIP

NAME AND TEL OF GP:

DETAILS OF ANY KNOWN ALLERGIES, CONDITIONS, MEDICATION BEING TAKEN:

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.....

ANY OTHER SPECIAL NEEDS, REQUIREMENTS OR DIRECTIONS THAT WOULD BE HELPFUL FOR THE COACHES TO KNOW ABOUT:

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.....

I will inform the coaches of any important changes to my child's health, medication or needs and also of any changes to our address or phone numbers given.

In the event of illness, having parental responsibility for the above named child, I give permission for medical treatment to be administered where considered necessary by a nominated first aider; or by suitably qualified medical practitioners. If I cannot be contacted and my child should require emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

I have been made aware that CWLTC has developed a child protection policy and that they are committed to ensuring the safety of my child by having:

- Codes of conduct for (1) Coaches/volunteer leaders, (2) Children, (3) Parents/Guardians
- Clear recruitment policy which includes vetting of all coaches and volunteers
- Transport policy
- Anti-bullying policy
- Disciplinary procedures
- Designated person for child protection
- Guidelines on confidentiality
- Photography policy

CWLTC is committed to ensuring that any information gathered in relation to our youth programme meets the specific responsibilities as set out in the Data Protection (Amendment) Act 2003. The Junior co-ordinator will store the above information on their junior database for a maximum of 12 months before re-registering the player if still associated with the club.

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate and travel to all activities.

Parent / Guardian Signature: _____ Print Name: _____

Please note that the person signing here must ensure they have parental responsibility for the child.