

Player profile form and parental consent form

Date:

The safety and welfare of your child is of paramount importance. It is therefore essential that we are aware of any illness, medical condition and other relevant information about your child. Please complete this form. The information will be treated as confidential and will be held in a safe and secure place by your child's coach

Please notify your child's coach immediately if any of these details change

Name of player	
Date of birth	
Home address	

Parents' Names	Mother	Father (if different)
Address (if different from above)		
Home telephone number		
Mobile telephone number		
Work telephone number		
Email address (please print clearly)		

Emergency Contact (in addition to parents)	
Name	
Relationship to child	
Home telephone number	
Mobile telephone number	
Work telephone number	

Medical information	
Child's doctor's name	
Telephone number	
Doctor's surgery address	

1. Does your child experience any conditions requiring medical treatment and/or medication?
(please circle) If yes please give details, including medication, dose and frequency)

Yes **No**

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No information on this form will be passed to a third party - This form will be shredded after three years

2. Does your child have allergies? (please circle) If yes please give details

Yes **No**

3. Does your child have any special dietary requirements? (please circle) If yes please give details

Yes **No**

4. What additional needs, if any, does your child have? e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

5. Does your child have any communication needs?(please circle) If yes please give details

e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her to communicate with us fully

Yes **No**

6. Do you consider your child to have a disability? (please circle) If yes please give details

The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has substantial and long term adverse effect on his or her ability to carry out normal day to day activities.

Yes **No**

I confirm that, to the best of my knowledge, my child does not suffer from any medical condition other than those detailed above.

I agree to notify my child's coach if the above details need to be updated and/or changed

I will inform my child's coach if he/she is unable to participate in an event/activity due to illness or injury.

I give permission for the coach and his/her staff to give immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my consent.

I consent to my child being photographed/videoed for possible inclusion on my child's coach's and JOLF Ltd.'s website and in their advertising.

I understand that coaches have a common law duty and care. In my absence I consent to them assuming responsibility for my child as any reasonably prudent parent would. However this change of usual parental responsibility does not occur when parents remain in the vicinity of the activity supervised by the coach.

It is my responsibility to organise transport for child to and from organised activities. I acknowledge that in exceptional circumstances a coach, staff member or volunteer may transport my child, under the stated conditions within this policy.

Signed – Parent/Guardian	
Print Name and Relationship	
Date	

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