

Medical in Confidence when completed

Orkney RFC Medical Treatment Consent

(To be completed by Parents)

Player's name: _____

D.O.B: _____ Age Grade: _____

Parents/Guardians Contact Details: Home: _____

Work _____ Mobile _____

Does your child suffer from any allergies (e.g. penicillin): YES / NO (circle as appropriate)

If yes please state: _____

Does your child have any medical conditions: YES / NO (circle as appropriate)

(E.G. Asthma, Anaphylaxis, Epilepsy)

If yes please state: _____

Please list any medication your child is taking:

Name of Family Doctor _____

Address: _____

Contact Number _____

I recognise that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognise that team coaches/ team first aiders may be unable to contact me for consent for emergency medical care. I do hereby consent in advance to such emergency care, as may be deemed necessary under the then existing circumstances.

Signature: _____

(Parent or Guardian)

Print Name: _____ Dated: _____

Once completed this information is considered medical in confidence and as such only appropriate team coaches / team first aider will retain this information.



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