



ORRELL RUFC MEDICAL INFORMATION

A hard copy of this form is to be retained by the coach and to be available on match or training days. This should be given to any emergency services that may be attending an accident that concerns this particular player.

A second copy to be forwarded to the junior secretary for record purposes.

Parent/carers - please detail below any important medical information that our coaches/junior secretary should be aware of (e.g. epilepsy, asthma, diabetes, etc.)



Emergency contact details – to be completed by parent/ guardian/carer

Please complete the table below to indicate the person(s) who should be contacted in case of an incident/accident:

Name of Player	
Contact Name (eg Parent/Guardian)	
Emergency Contact Number	
Alternative Number	

By returning this completed form, I agree to my son/daughter/child in my care taking part in the activities of the Club and I also agree to allow a Club representative, who is trained in First Aid to administer first aid in the event of an incident.

I understand that I will be kept informed of these activities – for example timing and transport details. I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury/illness appropriately.

Name of Child	
Signature of Parent/Guardian	
Date	