

# CHINNOR Rugby Football Club in Thame

## Emergency Contact & Medical Information Form

**2019-2020 Season**



CHINNOR  
RUGBY CLUB  
THAME

This form needs renewing at the start of every season for all youth members of Chinnor RFC.

Youth Player		
Name:		
Address:		
Postcode:		
Date of Birth:		
Parent/Carer Name:		
Parent/Carer Telephone (home):	Parent/Carer Telephone (mobile):	
Parent/Carer Telephone (other):	Parent/Carer Email:	
Doctor		
Name:		
Address:		
Tel:		
Medical History		
Does the player have any medical condition/s including allergies the first aider needs to be aware of? <i>**Please note Epi-Pens, Inhalers, etc MUST always be available pitch side for self-administration.**</i>	Yes / No	If yes, please give details:
Has the player vaccinated against Tetanus in the last 5 years?	Yes / No	
Photography and Publicity		
The club's policy on photography and its use on the club website and in wider publicity is that video footage and photographs of youth players are not associated with names or identifying data. By participating in activities at Chinnor RFC you are consenting to video footage and/or photographs of your child and/or their team being used for club programmes or other publicity. If you have any concerns about how photos are stored or used within the club, please contact <a href="mailto:safeguarding@chinnor-rfc.com">safeguarding@chinnor-rfc.com</a> .		
Authorisation for Emergency Medical Treatment		
I agree to medical and/or dental treatment being given if required, including the administering of a general anaesthetic and to surgical operation in the event of an emergency, in accordance with the recommendation of a suitably qualified medical practitioner.		
Signed: _____		Date: _____
Name: _____		Relationship to player: _____