

**CHESTERFIELD PANTHERS RUGBY UNION FOOTBALL CLUB**  
**JUNIOR & MINI PLAYER PARENTAL CONSENT AND MEDICAL INFORMATION FORM – 2023/2024 SEASON**

<b>PLAYERS FULL NAME:</b>
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<b>CONTACT DETAILS IN THE EVENT OF AN EMERGENCY</b>
Contact/Phone Number 1:
Contact/Phone Number 2:

<b>DATE OF BIRTH:</b>
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<b>SQUAD:</b>
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It is important that the Club and in particular the squad coaching staff are aware of any medical condition that your child may have to ensure that the player's welfare is protected whilst in the care of Chesterfield Panthers RUFC. All information supplied will be treated with the strictest confidence. Any concerns that you may have may be discussed with any of the members of the coaching team or our Child Safeguarding Officer, Rachel Traveller.

<b>DOES THE PLAYER SUFFER FROM ANY CONDITIONS THAT REQUIRE MEDICATION? IF YES PLEASE GIVE DETAILS</b>	<b>YES / NO</b>
Condition(s): _____	
Medication taken: _____	
<b>DOES THE PLAYER SUFFER FROM ANY KNOWN ALLERGIES? IF YES PLEASE GIVE DETAILS BELOW</b>	<b>YES / NO</b>

<b>G. P.'s NAME, ADDRESS AND PHONE NUMBER</b>
_____
_____

<b>MEDICAL DECLARATION</b>		
In the event of illness or injury I understand that every effort will be made to contact the above named contacts. Should this prove impossible then I consent to the player receiving first aid, medical treatment and care as appropriate. I undertake to inform the squad manager should there be any change to any of the above details.		
<b>SIGNATURE:</b>	<b>PRINT NAME &amp; RELATIONSHIP TO THE PLAYER:</b>	<b>DATE:</b>

<b>SIGNATURE:</b>
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<b>DATE:</b>
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