



Medical Consent Form for matches/training/tours.

Please fill in one form per child and hand the completed form to your squad manager ASAP.

Child's Surname	
Child's Forename	
Address including post code	
Date of Birth	
Parent's name	
I being the parent/guardian of the above named child, hereby give the coach, manager or nominated Heathfield and Waldron RFC representative coaching or supervising my child at the relevant time and only in my absence, consent for medical treatment to be administered, including anaesthetic or other urgent medical treatment which may include blood transfusions and intrusive surgery, should this be considered necessary by the qualified medical staff tending to him or her. I understand that such treatment will only be considered if delay is considered to be life threatening in the opinion of the qualified medical staff in attendance. I understand that every reasonable endeavour shall be made to contact me, or any other person nominated by myself.	
My child is asthmatic and is allowed to use his/her inhaler	YES/NO
I agree to my child being given paracetamol/ibuprofen	YES/NO
My Child is allergic to the following	
My child takes the following medication on a regular basis	
Other medical conditions that we should be aware of	

I the undersigned agree to inform my child's age group manager if any details, including contact details, should change. I will not hold the manager, coach or nominated Heathfield & Waldron FRC representative accountable for any consequences as a result of my failure to do so.

Signed _____

Date _____

Relationship to Child _____

My emergency contact number is _____

Alternative emergency contact names/numbers _____



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