



4.4 Consent, Emergency Contact and Medical Information Form

20__/_ Season

Parental Consent

I/we agree to my child.....(name) taking part in activities organised by Grove Rugby Football Club (Grove RFC).

In the case of any emergencies arising as a result of these activities, I/we authorise the Grove RFC coaches/representatives in charge to sign for emergency medical, dental or surgical treatment for my child, including the use of general anaesthetic or blood transfusion as considered necessary by the medical authorities present. I/we understand that in the event of such an emergency every effort will be made to contact me.

Emergency contact details

In the case of an emergency, I/we expect all reasonable effort will be made by the coaches/club representatives to contact the following:

Name	Relationship	Home telephone	Mobile telephone

I/we undertake to keep the Grove RFC coaches fully informed in a timely manner of any changes to the emergency contact details shown above.

Medical information

Family doctor name:	
Practice name & address:	
Telephone number:	

Does your child currently suffer or has s/he suffered from any of the following?

Past/present medical conditions	Please tick as appropriate	
	Yes	No
Asthma		
Diabetes		
Epilepsy		
Allergies (to antibiotics, penicillin, other drugs/medications)		
Any other conditions which should be made known in the case of emergency treatment being required?		

If you have indicated “Yes” to any of the above, please provide further details (please remember, this information may be critical in the event of emergency treatment being required – use additional sheets if necessary):

	Please tick as appropriate	
	Yes	No
Does your child wear contact lenses when playing rugby?		
If “Yes”, what type of lenses?		

Signature of parent(s)/guardian(s):

Name(s):

Date: