



MEDICAL INFORMATION FORM

FULL NAME:

ADDRESS:
.....

TELEPHONE NO.: DATE OF BIRTH

EMAIL ADDRESS:

PARENT/GUARDIAN DETAILS

NAME OF PARENTS OR GUARDIAN:

ADDRESS (if different from above):
.....

EMERGENCY CONTACT TELEPHONE NUMBERS

CONTACT 1

CONTACT 2

HOME:

HOME:

MOBILE:

MOBILE:

MEDICAL INFORMATION

1. Does your child have any condition that requires special medical treatment or any condition that could affect them whilst playing badminton? YES / NO (If YES please give details)
.....
2. Is your child on any medication? YES / NO (If YES please give details)
.....
3. Does your child have any allergies, including allergies to any medication? YES / NO (If YES please give details)
.....
4. Doctor's Name/Surgery: Tel. No.:

I understand and have ensured that my son/daughter understands that it is important for the safety of them and others within the group that any rules and instructions given by the coaches in charge are obeyed.

I understand that while the coach(s) will take every reasonable care of the junior players, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered during club sessions/matches.

- I consent to any emergency medical treatment necessary during a club session or match.
- I confirm that if there is any change in my son/daughter's medical condition I will notify the coach in charge.
- If my son/daughter is selected for a match. I give consent for travel in a private car driven by the coach/coordinator in charge or another parent if I am unable to take them myself.
- My child will be collected promptly at the end of each session/will make their own way home (delete as appropriate or advise accordingly).
- My son/daughter will attire suitably for the sport and follow the guidance given.

SIGNED: _____

NAME: _____

DATE: _____