



Parents/Guardians are obliged to disclose any information regarding medication which may affect your child's welfare or behaviour while participating in our games.

Also, please disclose if any other member of family is allergic to bee/wasp stings as it may not have been diagnosed in your child as of yet.

Please disclose any allergies even if you feel irrelevant , as for example- : Eggs; (anesthetic product contains egg product), and whether your child carries an epipen / inhaler.

- Separate consent form needed if medication is to be administered.

In the event of illness/injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medication.

Yes: [] No: []

Child's Name: _____

Contact telephone no. _____

Other contact telephone no. in case of emergency _____

(relationship to child) _____

Signed: _____ (parent / guardian)

Print Name: _____

Date: _____

Please list all relevant medical information. If none, please write N/A

NOTE: please give a copy of this form to the mentors of ALL teams that your child plays