**RICHMOND AND ZETLAND HARRIERS**

**Contact Details & Medical Information**

Please complete the details on this form. It will help us to respond effectively in the unlikely event of any incident involving your child. This information will be held on file by the coaches and will be shared only with the emergency services. **If the details change, you must inform us immediately so that we can ensure that the data we hold is always up to date.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Child: |  | | | |
| Date of Birth: |  | | Age: |  |
| Child’s Address: | | | Tel No: |  |
|  | | | | |
|  |  | |  |  |
| Contact Email Address: | |  | | |
|  | |  |  |  |
| Parent / Carer’s Name: | |  | | |
| Parent / Carer’s Address (if different) | | | Parent / Carer’s Tel No (Home): | |
|  | | |  | |
| Contact Email Address: | |
|  | |
|  |  | |  |  |
| Emergency Contact Name: | | | Emergency Contact Tel No: | |
|  | | |  | |
|  |  | |  |  |
| Name of Child’s Doctor: | | | Tel No of Child’s Doctor: | |
|  | | |  | |
|  |  | |  |  |
| Does your child have any allergies, medication, disability or health problems we should know about? eg Asthma, special diet, epilepsy etc | | | | |
|  | | | | |
| Any other comments? | | | | |
|  | | | | |
| Do you give permission for medical advice and assistance to be sought for your child in the event of an emergency:  Yes  No | | | | |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_