

Chepstow Harriers Junior Section

Medical Declaration Form

www.chepstowharriers.org.uk

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Junior's Surname _____ Forename _____

Date of Birth _____ Male/Female _____

Names of Parents/Guardians: _____

Address _____

Post Code _____

Home Tel No _____ Alternative _____

Mobile No _____ Alternative _____

E-mail Address _____

2nd Contact Name: _____

This is required in the event that we are unable to contact the parent/guardian listed above.

Relationship _____

Address _____

Post Code _____

Home Tel No _____ Alternative _____

Mobile No _____ Alternative _____

E-mail Address _____

Doctors Name _____

Practice Name and
Address _____

Post Code _____

Practice Tel No _____

Emergency Tel No _____

Signature of Parent/Guardian _____

Enquiries to Junior Co-ordinator Lou Summers via e-mail: juniors@chepstowharriers.org.uk

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MEDICAL INFORMATION:

Please complete the following continuing on additional sheets if necessary:

Does your child have asthma? Yes/No

Detail medication taken & dosage :

Does your child have any other specific medical conditions requiring treatment or medication? Yes/No

Detail treatment and/or medication taken & dosage :

Does your child take any non-prescribed medication e.g. vitamins, hay fever remedies, dietary or nutritional supplements? Yes/No

Details and dosage :

Does your child have any allergies that we should be aware of? Yes/No

Details:

Signature of Parent/Guardian _____

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Are there any other conditions we should be aware of e.g. injuries (chronic or recurrent), recent illnesses, hearing difficulties, learning difficulties etc.

Yes/No

Details:

Whilst at training or club representative competition it may be essential for the senior club official present to have authority to permit urgent treatment. We will contact you as soon as is reasonably possible.

In the absence of competent medical authorities or while we wait for them, basic first aid will need to administered, i.e. keep warm (foil blanket), leg elevation, plaster, bandage etc.

I _____ being the Parent/Guardian of the above named hereby give permission for the senior Chepstow Harriers Junior Section official present to authorise on my behalf any medical or surgical treatment recommended by competent medical authorities, where it would otherwise be contrary to the individuals interest in the doctors medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of
Parent/Guardian _____

Date _____

Your child's welfare is our upmost concern, could you please list names of those permitted to collect your child after training:

Name and tel no of responsible adults allowed to pick my child up :

Names _____ tel _____

OR

I give permission for _____ to leave the training session without adult supervision.

Signature of Parent/ Guardian _____

Date _____

Print Full Name _____

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