

(Insert name of Club)Bowls Club/ Indoor Bowls Club

JUNIOR PLAYER'S HEALTH PROFILE

In order that care can be accorded to junior members, please complete the health profile below:

NAME OF MEMBER

DATE OF BIRTH...../...../.....

IS YOUR CHILD:

DIABETIC YES/NO

EPILEPTIC YES/NO

ASTHMATIC YES/NO

IF YES TO ANY OF THE ABOVE, PLEASE GIVE DETAILS OF MEDICINES/ACTIONS NECESSARY, ETC

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.....

GIVE DETAILS OF ANY OTHER DISABILITIES/INJURIES YOUR CHILD HAS that should be known about

.....
.....

NAME OF DOCTOR.....

Address.....

.....
.....

City..... Post Code.....

Tel Num, Including STD Code

LIST ALL THE MEDICATIONS YOUR CHILD IS TAKING REGULARLY

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.....

PLEASE ENTER ANY FURTHER HEALTH DETAILS THE (insert name of your club) BOWLS CLUB/ INDOOR BOWLS CLUB SHOULD KNOW REGARDING YOUR CHILD

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LIST 2 EMERGENCY CONTACT DETAILS IN CASE OF NEED,

These individuals must be known to you and readily available at the end of a telephone, ESPECIALLY ON *(insert date and time of particular club session(s) here)*

1# NAME

.....

Relationship to Child.....

Address.....

.....

City..... Post Code.....

Phone Num *(Including STD Code)*.....

2# NAME

.....

Relationship to Child.....

Address.....

.....

City..... Post Code.....

Phone Num *(Including STD Code)*.....

I consent to my child, receiving appropriate emergency treatment, including if necessary transport to hospital and treatment there.

I CONSENT TO MY SON/DAUGHTER.....*(Insert name of Child)*....., PLAYING IN THE EVENTS AND OUTSIDE TOURNAMENTS, COUNTY GAMES ETC. ARRANGED BY THE *(Insert name of Club)* BOWLS CLUB/ INDOOR BOWLS CLUB AND TO TRAVEL BY CAR IF NECESSARY

I CONSENT TO MY SON/DAUGHTER BEING PHOTOGRAPHED FOR CLUB EVENTS AND ACTIVITIES AND UNDERSTAND I WILL BE INFORMED OF SUCH ACTIVITIES PRIOR TO THE EVENT.

Signed Parent/Guardian.....

Print Name.....

Date.....