

2011 Player Profile Form (Under 18)



The safety and welfare of children in our care is paramount, and it is therefore important that we are aware of any illness, medical condition and other relevant health details in order that their best interests are addressed. Please complete this form with our assurance that the information will be treated as confidential.

It is the responsibility of the junior and their parent/guardian to notify SCGU if any of the details change at any time.

<i>Name of Player</i>	
<i>Home Club</i>	
<i>Date of Birth</i>	
<i>Home Address</i>	
<i>Telephone Number</i>	

Parents' Names	Father	Mother (if different)
<i>Address</i>		
<i>Home Telephone No</i>		
<i>Mobile Telephone No</i>		
<i>Work Telephone No</i>		

Emergency Contact (in addition to parents)	
Name	
<i>Relationship to Child</i>	
<i>Home Telephone No</i>	
<i>Mobile Telephone No</i>	
<i>Work Telephone No</i>	

Medical Information

<i>Child's Doctor's Name</i>	
<i>Doctor's Surgery Address</i>	
<i>Telephone Number</i>	

2. Does your child experience any conditions requiring medical treatment and/or medication?

*Yes No (*If yes please give details, including medication, dose and frequency)

3. Does your child have any allergies?

*Yes No (*If yes please give details)

4. Does your child have any specific dietary requirements?

*Yes No (*If yes please give details)

5. What additional needs, if any, does your child have e.g. needs help to administer planned medication, assistance with lifting or access, regular snacks?

Disability

The Disability Discrimination Act 1995 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'

Do you consider your child to have a disability?

*Yes No

(*If yes, what is the nature of their disability)

- Visual impairment Hearing impairment Physical disability
- Learning disability Multiple disabilities
- Other (Please specify):

6. Does your child have any communication needs e.g. non-English speaker/ hearing impairment/ sign language user/ dyslexia? If yes, please tell us what we need to do to enable him/her to communicate with us fully.

- I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.
- I agree to notify SCGU should the above details need to be updated/changed and if my child should not be participating in an event/activity due to illness or injury.
- I,, being parent/guardian of the above named child, hereby give permission for the SCGU responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.
- I also consent to my child being photographed for possible inclusion on the website or the county year book.

Signed – Parent/Guardian	
Print name	
Date	

This form will be kept until the end of 2011 and then shredded.
No information on this form will be passed to a third party.