

WCS Medical Form

Parent/Guardian			
Title		Contact Number	
First name		Email Address	
Surname			
Gender			
Date of birth		Postcode	
Child			
First name		Date of birth	
Surname		Gender	

MEDICAL CONDITIONS An emergency first aider will be on duty - please list any medical conditions that you believe we should be aware of. If in doubt - please include for our information. Please include details of any medicines being taken, any allergies (penicillin, plasters etc.) or other treatment necessary. If your child is listed as ASTHMATIC we MUST have an inhaler ON SITE for them AT ALL TIMES.

ALL MEDICATION MUST BE IN A CLEARLY NAMED SMALL LUNCH BAG. THIS WILL BE TAKEN WITH YOUR CHILD THROUGHOUT THE DAY.

DECLARATION OF FACT	I confirm that the above information is correct and if any information changes I will notify worldcupsports.		
Signature		Date	
<i>STAFF USE ONLY – Sign below once each item is complete</i>			
Medication received and appropriately labelled	Form checked	Medical requirements on register and head coach briefed	