**SANDBACH RUFC - MINI/JUNIOR MEDICAL TREATMENT & ADVICE DISCLAIMER**

Player’s name: ............................................................................. Date of birth: ........../........../..........

Address: ...............................................................................................................................................

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Emergency Contacts:

1. Name ....................................................................... Contact number: ...................................
2. Name ....................................................................... Contact number: ...................................

GP name: ..................................................... Practice ..................................................

I understand that I am advised to seek qualified medical advice following any accident/incident and that any decision not to do so is mine alone. The above named player has the following medical conditions/ allergies: (please detail, including medications etc.)

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In the event of the contact names (listed above) being unavailable, I confirm and agree that the above named player can receive emergency dental, medical, or surgical treatment (including anaesthetic and blood transfusion) as considered necessary by the medical authorities present.

I declare that the above is correct and, in signing this form, I confirm that **I** **hold current parental responsibility for the child concerned.** I also acknowledge that it is my responsibility to inform the age group manager or coach if any changes occur.

Signed: Print Name:

Address (if different from above)

Please indicate your relationship to the child and, if necessary, add an explanation on the reverse of this form.

Relationship to child:

**THE ORIGINAL TO BE RETAINED IN CLUB RECORDS AND A COPY WITH THE AGE GROUP FIRST AID KIT**