

## Medical Participation Form



Child Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact (1):

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Landline: \_\_\_\_\_

Emergency Contact (2):

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Landline: \_\_\_\_\_

Has your child ever suffered from asthma? (Please ✓)    Yes ☐    No ☐

If yes, do they require an inhaler?    Yes ☐    No ☐

Does your child suffer from any allergies? (Please ✓)    Yes ☐    No ☐

If (Yes) what allergies are these:

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Are there any certain actions that need to be taken in case of an allergic reaction e.g. administering an EpiPen?

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## Medical Participation Form



Does your child have any other previous medical problems of which we should be aware?

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Please (✓) if you are happy for us to take your child's photo and use on our social media sites (Facebook, Instagram, Twitter) please note these photos **WILL NOT** appear anywhere else or be passed on to anybody else.

Yes

☐☐

Thank you for taking the time to fill in our medical participation form. Every Child's wellbeing and safety is our top priority here at ACA Coaching. By signing this form you are agreeing to notify ACA Coaching if any of the information recorded on this form changes or you become aware of any medical issues that ACA should also be aware of. Failure to notify us of any changes will mean we will have the incorrect information in an emergency so this is an important requirement for the safety of yours and everyone else children.

Sign:

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Date:

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