

**FOREST OF DEAN ATHLETIC CLUB
Medical and consent information**

SURNAME	FIRST NAME(S) Preferred name:
Date	Date of Birth

KNOWN MEDICAL CONDITIONS
This information is on a need to know basis for coaches or designated first-aider
<p>Allergies</p> <p>YES / NO</p> <p>Please describe any allergies.</p> <p>Do you have an emergency pen?</p> <p>YES / NO</p>
<p>Heart conditions</p> <p>YES / NO</p> <p>Have you made sure that it is safe for you to do athletics?</p> <p>YES / NO</p>
<p>Asthmatic with information on medication</p> <p>YES / NO</p> <p>Regular medication taken:</p> <p>What should we do if you have an attack?</p> <p>Salbutamol inhaler used? YES / NO</p>
<p>Epilepsy</p> <p>YES / NO</p> <p>What should we do if you have a fit?</p>
<p>Any other medical condition</p> <p>YES / NO</p>

Do you have a UKA exemption Certificate
**(This is essential IF you are taking medication which may be on te list of
banned substances.)**

YES / NO

A qualified First aider can use a plaster if deemed necessary

YES / NO

Other relevant medical information. Continue on the reverse if necessary. Insert PTO.

Doctors name and contact telephone

Religion: Optional

Parent or guardians name(s)

Home phone No.

Mobile No.

email.

email 2

Emergency No in order of preference

1

2

3

4

There may be occasions when the FODAC may use photographs for publicity purposes. Do you agree to your child's photograph being used for publicity.
YES / NO

Signature of athlete or athletes, parent or guardian if U18