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|  **Ballinteer St Johns GAA Club****Juvenile Player with Medical Condition or Special Needs** |
| **Name of Player:** | **Date of Birth:** |
| **Address:** | **Team(s):** |
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| **Parent/Guardian**:**1) Name:** | **Home No**: |
|  | **Mobile No:** |
|  |  |
| **2) Emergency contact person (if you are unavailable):** | **Home No**: |
|  | **Mobile No:** |
|  |  |
| **Summary Of Medical Condition/Special Needs:**Details of Child’s special needs or medical history (i. e. details of any known allergies, conditions or medications). Parents/Guardians are obliged to disclose any information regarding medication which may impact on your child’s welfare or behaviour while participating in our sports:  |
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| In the event of illness or injury, I give permission for medical treatment to be administered where considered necessary by a nominated first aider, or by suitably qualified medical practitioners. If I cannot be contacted and my child needs emergency hospital treatment, I authorise a qualified medical practitioner to provide emergency treatment or medicationYES NO I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as Parent/Guardian of \_\_\_\_\_\_\_\_­­­­­­­\_\_\_\_\_\_\_\_\_(child) give permission for the named, to participate in Ballinteer St. John’s games and other related activities. |
| **Original to Children’s Officer** |  |
| **Copy to Team Mentor(s)** |  |
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