

## Medical and Emergency Contacts Form



All information provided here will be treated with the utmost confidence in accordance with the Data Protection Act. For the safety and welfare of your child and other members of the YAC Branch, **please complete each question** and return the form as soon as possible to your YAC Branch Leader.

### Your Child's Details

- ✎ Name of Child: \_\_\_\_\_ ✎ Date of Birth: \_\_\_\_\_
- ✎ Gender: \_\_\_\_\_ ✎ Date of last tetanus injection: \_\_\_\_\_
- ✎ Address: \_\_\_\_\_  
\_\_\_\_\_
- ✎ Home telephone number: \_\_\_\_\_
- ✎ Mobile phone number: \_\_\_\_\_
- ✎ Blood group (if known): \_\_\_\_\_ ✎ Does your child wear contact lenses: Yes / No
- ✎ Treatment that my child must not receive without my permission (e.g. blood transfusion):  
\_\_\_\_\_

### Allergies and Medication

NB: Please note any medication required, for instance, inhalers and epi-pens, must be brought with you to events

- ✎ Please list all allergies that your child has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ✎ Please list all medication, including inhalers, that your child takes and how and when they are to be administered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Special Needs

- ✎ Please detail any special needs your child may have: \_\_\_\_\_  
\_\_\_\_\_
- ✎ Please list any successful support strategies that are used at home or school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Doctor's Details

- ✎ Doctor's Name and Phone Number: \_\_\_\_\_
- ✎ Doctor's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Continued Overleaf**

**Emergency Contacts**

Please give details of *two* different contact numbers and addresses in case of emergency:

☞ Name: \_\_\_\_\_

☞ Relationship to Child: \_\_\_\_\_

☞ Telephone Number: \_\_\_\_\_

☞ Mobile Number: \_\_\_\_\_

☞ Address: \_\_\_\_\_

☞ Name: \_\_\_\_\_

☞ Relationship to Child: \_\_\_\_\_

☞ Telephone Number: \_\_\_\_\_

☞ Mobile Number: \_\_\_\_\_

☞ Address: \_\_\_\_\_

**Any Other Information**

☞ Please detail any other information you feel may help us to support your child: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Consent**

In the event of illness or accident requiring emergency hospital treatment, every effort will be made to contact you immediately. If this is not possible, any decisions regarding your child's health will be made by qualified medical staff.

☞ Signed: \_\_\_\_\_

☞ Print Name: \_\_\_\_\_

☞ Relationship to Child: \_\_\_\_\_ ☞ Date: \_\_\_\_\_

☞ Telephone Number: \_\_\_\_\_

☞ Mobile Number: \_\_\_\_\_

☞ E-mail Address: \_\_\_\_\_

☞ Address: \_\_\_\_\_

Branch Use:

**Remember forms must be updated at least once a year.**

Date form needs to be reviewed: \_\_\_\_\_