

Medical Report 2019/20 Season



burnleyfc in the
community
Registered Charity No 104884



Parents/Guardian Name	Contact Number	Secondary Contact/Relation	Contact Number
Childs Name	Age:	Course Venue:	
	D.O.B:	Days(delete as Appropriate) : Full Week/Mon/Tues/Weds/Thurs/Fri	
IMPORTANT - Please confirm permission to administer First Aid - YES / NO			
What is your childs Illness, Allergy, Disability (delete as appropriate) ?			
Description - Please describe illness/allergy/disability (delete as appropriate) in detail.			
Routine Medication - What is it, description, is it required during course times? If so, please give details of what to do * please note should any medication need to be admistered during session times please call 01282 704716 prior to attending.			
Allergy/Illness - How does it represent itself before, during and after a reaction/attack?			
In the event of an emergency or reaction/attack what do you need/want us to do?			
Is there a secondary option/Back-up? i.e call 999			
At what point would you like to be contacted?			
What is the childs understanding of his/her Illness, Disability, Allergy?			
Actions - any extra notes, e.g things to avoid any extra details not covered above.			
<p>PLEASE NOTE: The details provided above will be kept on file for the 2019/20 season, you must inform us of any changes prior to attending any additional events/activities. If you do not wish for us to keep the above information after the event/activities stated please let us know at time of returning the document.</p> <p>The information provided above will not be shared with any third party.</p> <p>By completing this medical report I agree to the above terms and conditions and the terms and conditions previously agreed at time of booking and I certify that all the information I have provided above is true and correct.</p>			