



It is necessary for WYFRS management or the nominated welfare officer accompanying your son/daughter to have the necessary authority to obtain any urgent treatment whilst on any WYFRS band trip. Please therefore complete the details and return to the band treasurer. You may wish to keep a copy for your reference.

Personal Details

Name of player..... Date of Birth.....

Address.....

Emergency Contact Details

Name..... Relationship to Player.....

2 x Contact Telephone Number(s).....

If the above is unavailable, please contact:: Name.....

Relationship to Player..... Telephone Number(s).....

Name and address of GP: Name.....

Address.....

Medical Conditions

Any medical fact/condition WYFRS Band should be aware of? (i.e. *asthma, allergies or any medication that they are currently taking*)? (Use additional sheet if necessary).

Religious Belief

It is not compulsory to complete this section but may be of assistance to staff in the event of an emergency. Please also add any additional information which may be helpful.

Additional Info/Religion:.....

Administration of Painkillers

I.....being the parent /guardian of the above named minor hereby give permission for the WYFRS Band Management or a nominated welfare officer to give to my son/daughter paracetamol or Ibuprofen:

Signature:..... Date:.....

Loco Parentis

I.....being the parent /guardian of the above named minor hereby give permission for a member of the WYFRS Band Management or a nominated welfare officer to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughters interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature:..... (consent by parent/guardian) Date:.....

Full Name in Capitals:.....