

Emergency Contact Form for Juniors or Adults at Risk Travelling

This form is to be completed by a parent or carer of a child (Under 18) or adult at risk who is traveling to an event, such as a club match, with another club member or coach.

Please complete and print this form and **keep it in your bag** if ever you travel to an event with a coach or club member. If you do not have access to a printer please email the completed form to the club secretary, LGLTC.secretary@gmail.com, who will print and return it to you.

Name of child/adult at risk:	
Child/adult at risk's date of birth:	
Child/adult at risk's gender:	
Please detail any important access, faith, medical or additional needs that our organisation needs to know. Such as allergies, medical conditions e.g. asthma, epilepsy, orthopaedic problems, any current medication, special dietary requirements and/or any injuries.	

PRIMARY EMERGENCY CONTACT FOR CHILD/ADULT AT RISK

Name:		
Relationship to the child/adult at risk:		
Address:		
Contact details:	Mobile:	Email:

SECONDARY EMERGENCY CONTACT FOR CHILD/ADULT AT RISK

Name:		
Relationship to the child/adult at risk:		
Address:		
Contact details:	Mobile:	Email:

It may be essential at some time for the responsible adult accompanying your child/adult at risk to have the necessary authority to obtain any urgent treatment which may be required whilst at this event. Would you therefore please complete the details on this form and sign below to give your consent.

I, _____ being the parent/carer of the above-named child/adult at risk, hereby give permission for the responsible adult to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to the child/adult at risk's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature of consent by parent/carer:	
Name:	
Date:	