Bridgwater & Albion
Rugby Football Club
Youth Section

Medical Authorisation (2012 – 2013 season)

This form authorises team coaches and/or their assistants to sign on your behalf any papers needed by the medical authorities, at times when you cannot be contacted or be present, in case of medical treatment being required, while your son, daughter or other child in you care is training or playing competitive rugby for B&ARFC. This form must be completed for all players prior to training or matches.

I ……give permission for (players name) ……..to play rugby for B&ARFC, under the leadership of team coaches and/or their assistants, and to sign on my behalf any papers required by the medical authorities in case of emergency treatment being required for the above named player.

He/She has not, any known allergies or sensitivities, eg penicillin or plaster allergies etc, or asthma or other disabilities. Please give full details of any treatment and/or precautions, and any details of known conditions that may need to be known by the medical authorities prior to or during treatment of the above named player. Continue on a separate sheet if necessary.

……

……

Please provide the following information:

DOB…… NHS no…….. Religion…… Blood group……..

Name and address of family doctor / surgery

……

Your name ……Tel numbers ……..

Address ……

Family name if different from child ……

Parental Declaration on Video and Photography

I …….. Parent/Guardian/Carer of the above Bridgwater and Albion RFC Player/s have been made aware of the RFU and Club Policy on the taking of photographs and video recordings. I hereby give my permission for my child/children to be photographed/videoed in accordance with that policy and I confirm that I am legally entitled to give this consent.

I also confirm that …….. (name(s) of child) is/are not the subject of any court order.

I acknowledge that if I later change my mind I can withdraw my permission at any time and my child/children will be treated in accordance with Para. 3 above of the club policy.

Signed:…….. Date:……

Emergency contact details:

Name…….. Tel numbers ……

Address: ……

Email……..

Please give this form to your child's team manager