



2.9 Template: Medical form

This information should be completed before the child leaves for a long trip or overnight event. It should be kept by the accompanying adults in case of an emergency and must be kept confidential.

In some countries, children cannot be given medication by anyone other than a medical professional, in which case this form should not be used to record anything other than contact details and basic information regarding allergies, etc. which can be passed on to the hospital in case of an emergency.

Clubs/organisations need to check the laws on giving medical treatment in their countries and whether common medications can be given by accompanying adults.

Medical form

NAME OF CHILD (including nicknames):	
Date of birth:	Identity number:
Any known allergies (e.g. to foods, insect bites, medications):	
Currently on medication: <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please state which type and dosage: Please bring copies of prescriptions (for medications and eyeglasses) and enough medication for the duration of the event, including travel time	
Any existing conditions, e.g. asthma, epilepsy, disabilities, low blood pressure, diabetes, proneness to migraines/fainting/dizziness, depression/anxiety:	
Any previous surgeries and hospitalisations:	

Please provide details of any medical insurance:

Name of insurance company:

Insurance policy number:

Is there anything else that you think the accompanying adults and the organisers of the event need to know in order to ensure that your child is safe, protected, well-cared-for and able to participate fully:

Permission to administer common drugs

Please indicate below if you give your consent to your child being administered common drugs such as ibuprofen, paracetamol, aspirin, etc. for common ailments such as headaches and stomach aches. For more serious illnesses, your child will be taken to a qualified doctor.

- I/We give my/our consent for my/our child to take common drugs such as ibuprofen, paracetamol, aspirin, etc. if needed for common ailments.
- I/We DO NOT give my/our consent for my/our child to take any common drugs for any common ailments.

Date:

Name of parent/legal guardian

Surname and first name:

SIGNATURE: Date of birth:

Surname and first name:

SIGNATURE: Date of birth:

Name of player

Surname and first name:

SIGNATURE: Date of birth: