



Pro Cricket
Academies

Emergency Medical Treatment Form

Child's/Adults Forename: _____ Surname: _____

Date of Birth: _____ Age: _____

Doctor's Name: _____

Doctor's Address: _____

_____ Postcode: _____

Doctor's Telephone Number: _____

Any relevant Medical Information / Conditions / Family history: _____

Allergies: _____

Dietary Requirements: _____

Any other relevant information: _____

Parents/Carers First Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Emergency Contact Number: _____

Child's/ adults Medical Number: _____

Email address: _____

In the event that my child/ partner is involved in a serious incident while at the course, I expect the manager, or a delegated member of staff, to contact me immediately on the above emergency contact number. In the event that my child requires immediate medical treatment before I will be able to get to the Hospital, I hereby authorise the manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf. I understand that this authorisation will remain valid unless I contact the manager to withdraw it.

***Action Kids Courses will not accept any child on a course unless they are in receipt of a signed parental and medical consent form.**

Signature of Parent/partner: _____ Print Name: _____

Date: _____

Company registration number: 7040312

Company registered name: Brad Donelan Sporting Enterprises Limited but trading as Action Kids Courses

Tel: 07757-553-656

E-mail: actionkidscourses@gmail.com

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