
	<p>IPSWICH RFC Y&J</p> <p>CHILD MEDICAL CONDITION</p> <p>INFORMATION</p>	
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1. Child's information

Name of child:	
Date of birth:	
Age group:	
Gender	Male / Female

2. Contact information

Child's main address:	
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Family contact 1	
Name	
Relationship with child	
Daytime Phone	
Mobile	
Family contact 2	
Name	
Relationship with child	
Daytime Phone	
Mobile	

Medical condition information

3. Details of medical conditions

Signs and symptoms of this child's condition:	
Triggers or things that make this child's condition/s worse:	

4. Routine healthcare requirements

(For example, dietary, therapy, nursing needs or before physical activity)

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5. What to do in an emergency

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6. Regular medication taken:

Medication 1

Name/type of medication
(as described on the container):

Dose and method of administration is taken, (the amount taken and how the medication eg tablets, inhaler, injection)

When it is taken (time of day)?
Are there any side effects that could affect this child?

Are there are any contraindications (signs when medication should not be given)?

Self-administration: can the child administer the medication themselves?
 yes no

Medication expiry date:

Medication 2

Name/type of medication
(as described on the container):

Dose and method of administration is taken, (the amount taken and how the medication eg tablets, inhaler, injection)

When it is taken (time of day)?
Are there any side effects that could affect this child?

Are there are any contraindications (signs when medication should not be given)?

Self-administration: can the child administer the medication themselves?
 yes no

Medication expiry date

7. Emergency medication

(mark "as above" if it is the same as in Q6)

Name/type of medication (as described on the container):	
Describe what signs or symptoms indicate an emergency for this pupil	
Dose and method of administration (how the medication is taken and the amount)	
Are there any contraindications (signs when medication should not be given)?	
Are there any side effects that the club needs to know about?	
Self-administration: can the child administer the medication themselves?	<input type="checkbox"/> yes <input type="checkbox"/> no :
Is there any other follow-up care necessary?	
Who should be notified?	

8. Any other information relating to the child's healthcare that should be known by the club?

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Parent /Guardian Agreement

I agree that the medical information contained in this questionnaire is correct and I will inform the club of any changes, in the future, in writing.

Print Name:

Signature:

Date: