

**Edge Hill Sport
Children's Activities Medical Details Form**



Thank you for choosing to use Edge Hill Sport for your child's activity.

To ensure that we provide the best possible service for all those on our children's activities we request that we have a completed Medical Conditions form, stating any medical condition your child suffers from (e.g. Asthma, Epilepsy, Diabetes, and Autism etc.) or details of any other condition which may affect their ability to participate fully in the activities provided. We would be grateful if you can also provide additional information on how this may affect your child participation and methods we can use to make your child's experience a successful one.

If your child does not have any medical conditions nor allergies, please indicate this.

Once received we will update your child's membership record on our computer system with the declared information. This information will be available to staff with a specific requirement within their role at Edge Hill Sport and we will not pass the information onto any third party.

We appreciate your assistance for this matter and ask you to return the completed form to your child's instructor or hand in at reception.

Child's Name: _____

Date of Birth: _____

Edge Hill Sport
Membership
Number: _____

Medical Conditions: _____

If any, how can we help? _____

Allergies: _____

I hereby certify that to the best of my knowledge the information I have given is accurate and correct.

Signature: _____

Name: _____

Date: _____

Relationship
to Child: _____

Continue on separate sheet if necessary.

OFFICE USE ONLY

SCUBA	DATE	SIGNED