

Information Form for Players with a Disability (1st August 2016).
This form should be used in conjunction with IRFU Online registration form (where possible).



Information Form for Players with a Disability (*should be completed by the person who has parental responsibility for players under 18-years or without capacity to give consent*).

PART 1: Please complete the form, in full, in **clear print** except where your signature is needed. This part should be submitted prior to training and joining the club.

SECTION 1: Photo – please include photo when registering as club member

SECTION 2: Player/member Details

Family Details

	Parent/Carer 1	Parent/Carer 2
Name		
Address (if different to member)		
Home Telephone Number		
Mobile Telephone Number		
Email Address		

SECTION 3: Player Health and Wellbeing Information

Please ensure that the **Player Medical Information Form** at Part 2 of this form is completed by a registered doctor.

Health

Is there anything about the player's general health that you wish to tell us that would require specific care or attention? Please include information in relation to any medical or behavioural information that you believe would be necessary for us to assist your child. Include information in relation to allergies, dietary requirements, etc.

If a medical emergency should arise while the player is participating in rugby activities and you are not personally present to be consulted about your child's health needs, do you authorise the club to take whatever measures it shall deem necessary to ensure that the player is provided with emergency medical treatment in-order to protect the player's health and well-being?

Yes / No

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PART 2 Overleaf – This Section should be completed by your GP and submitted no more than 4 weeks later from submission of Part 1

Player Medical Information Form

Medication

Does the player/member take any medication? Yes No

If yes, please detail below (please note that parents/carers will be responsible for administering all medication during the Club but we are required to know in case of emergency):

Name	What It Is For	Times Given	Dose	Prescribed start date	Prescribed end date

Doctor's Examination

I have examined the player named in this form, and based on that examination and the information I have been provided with, there would appear to be no medical evidence which would preclude the player's participation in Tag Rugby.

Restrictions (if any.....)

Doctor's Contact Details and Signature

Name: _____

Address: _____

Telephone number: _____

Out of Office number: _____

Signature: _____

Date: _____