

Medical Participation Form



Child Name: _____

Date of Birth: _____ / _____ / _____

Emergency Contact (1):

Name: _____

Mobile: _____

Landline: _____

Emergency Contact (2):

Name: _____

Mobile: _____

Landline: _____

Has your child ever suffered from asthma? (Please ✓) Yes No

If yes, do they require an inhaler? Yes No

Does your child suffer from any allergies? (Please ✓) Yes No

If (Yes) what allergies are these:

Are there any certain actions that need to be taken in case of an allergic reaction e.g. administering an EpiPen?

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Does your child have any other previous medical problems of which we should be aware?

Thank you for taking the time to fill in our medical participation form. Every Child's wellbeing and safety is our top priority here at ACA Coaching. By signing this form you are agreeing to notify ACA Coaching if any of the information recorded on this form changes or you become aware of any medical issues that ACA should also be aware of. Failure to notify us of any changes will mean we will have the incorrect information in an emergency so this is an important requirement for the safety of yours and everyone else's children. Thank You.

Sign:

Date:
