

NM Jets Healthcare Form

Child's name _____

Date of birth _____

Child's address _____

Please list all medical diagnoses, conditions, and allergies:

Previous injuries and/or operations we need to be aware of (please include dates):

Clinic/Hospital Contact

Name _____ Phone number _____

GP's name _____ Phone number _____

NOTE: PLEASE ENSURE YOU HAVE ALSO COMPLETED OUR EMERGENCY CONTACTS FORM; PARENTS/CARERS SHOULD SEEK THE PERMISSION OF ALL THIRD PARTIES (including GPs) BEFORE SUBMITTING PERSONAL DATA (for more details, please see the Data Protection Policy on our website: nmjets.org.uk).

Describe medical needs and give details of child's symptoms, triggers, signs, etc:

Daily care requirements (e.g. before sport, at particular times):

Arrangements for college visits/trips (e.g. describe what constitutes an emergency for the child, and the action to take if this occurs)

Follow up care (e.g. if we have to administer medication in the event of an emergency do we then have to phone the hospital/ambulance/home?)

List any medications the child is taking:

Anything else you believe we should consider:

I confirm I have also signed the NM Jets Parental Consent Form for Training and Off-site Activities, Medical Authorisation and Liability Release.

Parent's/Carer's signature _____ **Date** _____