

Any Medications your child is allergic to, must not be prescribed/given?

Does your child have any allergies?

Has your child any special dietary requirements?

Has your child been fully vaccinated? If not, state which received.

Has your child any medical history of which we should be aware?

Please Provide Specific Details Below:

I/We confirm that the medical details in relation to my/our child are correct

Family GP Details

Family GP: _____ Address _____
Name _____
Telephone _____

The information gathered on this form is necessary for the following purposes

- To register your child’s details with BCCC “The Knights of Éanna” Chess Club for membership and insurance purposes
- To allow us to communicate with you concerning BCCC “The Knights of Éanna” Chess Club activities which your child may be engaged in.
- To allow us to provide medical details to medical professionals, should the need arise

Parent(s)/Guardian(s) Contact Details

Names _____
Phone (Home) _____
Phone (Work) _____
Phone (Mobile) _____
Postal Address _____
Email _____

Alternative Emergency Contact

Names _____
Phone (Home) _____

Additional Information

Please include any additional information including any special needs or conditions (e.g. travel sickness etc.)

Signature of Parent(s)/Guardian(s)

Signature(s) _____
Date _____

The information provided in this form shall be treated with the utmost confidentiality. None of the information provided shall be disclosed to other parties except adult members of BCCC “The Knights of Éanna” Chess Club or medical personnel, and only when necessary, without prior permission.