**THE FEDERATION OF INLINE SPEED SKATING (FISS)**

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**MEDICAL INFORMATION AND CONSENT FOR TREATMENT**

**Skater’s Name:………………………………………………….. Date of Birth:…………………………….**

**Name of Club:………………………………………………………. Race Number:……………………………**

**Home Address:………………………………………………………………………………………………………………………………………**

 **……………………………………………………………………………..Post Code:…………………………………**

**Home Tel:……………………………………………………………..**

**Parent/Guardian Mobile:………………………………………………………………………..**

**Parent/Guardian E-mail:………………………………………………………………………………………………………………**

**GP Name and Address:…………………………………………………………………………………………………………………**

 **………………………………………………………………………………………………………………..**

**GP Tel:………………………………………………………………….**

**Does your child have any medical conditions? YES NO**

**If yes please give details:**

**Does your child take any medication? YES NO**

**If yes please give details:**

**Does your child have any allergies? YES NO**

**If yes please give details:**

**Does your child have any special dietary requirements? YES NO**

**If yes please give details:**

**I/We hereby give permission for my child named above to receive first aid and/or medical treatment which may include attendance by medical staff. I/We also authorise the club/team coach or team manager to sign on my behalf any written form of consent required by a doctor or the hospital authorities.**

**I/We will ensure that we will notify the club/team coach as soon as possible if any of the above information changes.**

**Signed…………………………………………………………………………………………..Parent/Guardian**

**Date…………………………………………………………………**