

## SHREWSBURY ATHLETIC CLUB

Dear athlete/parent/carer

### **EMERGENCY FIRST AID PROVISION**

Please could you take the time to complete the enclosed form with your emergency contact details and any relevant medical information for yourself/your child.

All the information supplied will remain totally confidential, and will only be issued to licenced coaches, and the emergency services (if necessary). It is also our intention to update this information annually, so should you/your child leave the club then this information will be automatically deleted from our records.

### **INHALERS AND MEDICATION FOR ATHLETES**

Some inhalers and prescribed medications can contain substances which are on the current UKA banned substances list. If you/your child uses an inhaler or is prescribed any medication (either on a temporary or regular basis), it is **your responsibility** to check and notify UK Athletics. It is also essential that you keep UK Athletics informed of any changes in medication in order to avoid falling foul of Doping Control regulations. Further details for all these prohibited substances can be found on the UK Athletics website.

**FINALLY**.... If your child uses an inhaler, please let them know that they need to keep it with them at **all times**. If they are feeling unwell or have an injury, let the coach know at the **beginning** of the training session, and please ensure that your child has a drink with them for **every** training session and that they are wearing appropriate/suitable clothing for the weather conditions.

Thank you for your co-operation

Judith Hickman  
Emergency First Aid Co-ordinator

**January 2015**

## SHREWSBURY ATHLETIC CLUB

Name	
Date of Birth	
Address	
Email address	
Home Tel No.	
Emergency contact 1	Name  Mobile No.
Emergency contact 2	Name  Mobile No.
Do you/your child suffer from asthma?	<p style="text-align: center;">(Please circle)</p> <p style="text-align: center;">Yes <span style="margin-left: 200px;">No</span></p>
Do you/they have an inhaler/s?	<p style="text-align: center;">(please circle)</p> <p style="text-align: center;">Yes <span style="margin-left: 200px;">No</span></p> <p style="text-align: center;">(if yes, which colour)</p> <p style="text-align: center;">Blue <span style="margin-left: 100px;">Brown</span> <span style="margin-left: 100px;">Other</span></p>

<p>Do you/your child suffer from any allergies?</p>	<p style="text-align: center;">(Please circle)</p> <p style="text-align: center;">Yes <span style="margin-left: 200px;">No</span></p> <p>(If yes, give details)</p>
<p>Any other relevant medical conditions</p>	
<p>Do you/ your child <b>regularly</b> receive coaching/training in any other sport?</p>	<p style="text-align: center;">please give details of training days and hours per week (junior members only)</p>

I hereby **give/do not give** permission for Shrewsbury Athletic Club members, trained in emergency first aid, to give first aid treatment to myself/my child should it be required. I understand that in the event of a medical emergency, care of myself/my child will be transferred to the emergency services who will decide on appropriate emergency treatment.

Signed ..... Date.....

**January 2015**