**WSW SPORTS COACHING HOLIDAY CAMP**

**SAFETY/HEALTH CHECK FORM**

|  |  |
| --- | --- |
| Child’s Name |  |
| Date of birth |  |
| Name of main guardian |  |
| Relation of main guardian |  |
| Mobile number of main guardian |  |
| Emergency guardian (In case we can’t contact main) |  |
| Relation of emergency guardian |  |
| Mobile number of emergency guardian |  |

Has your child currently got any medical conditions? (If so, please list them).

Does your child need any medication? E.g. Inhaler, EpiPen or medicine.

Has your child had any serious injuries they have recently recovered from over the past 60 days? (If so, please list what).

Does your child have any allergies to anything? (If so, what to).

If there is anything which we haven’t asked about which we should know about, please let us know below:

*Guardian’s Signature Date*