

Oxford Ice Skating Club (OXIST)

Emergency Contact Information and Medical Declaration

This form should be completed for all junior members of OXIST and Oxford Ice Dance Club (Junior and Senior divisions). Adult members of the clubs should also complete this form on a voluntary basis, if they have any medical condition or disability of which the Club ought to be aware.

Confidentiality: Details on this form will be held securely and will only be shared with coaches or others who need this information in order to meet the specific needs of the skater.

Name of Member	
Address: (inc. postcode)	
Home Telephone Number	
Mobile number	
E-mail address:	
Date of Birth:	
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>
Name of Parent/Carer	
Address (if different from above)	
Telephone number (if different from above)	
Email address (if different from above)	
Emergency contact details - Please insert the information below to indicate the person(s) who should be contacted in event of an incident/accident	
1st Emergency Contact name	
Relationship to Member	
Emergency Contact Number	
Emergency Contact Address	
2nd Emergency Contact name	
Relationship to Member	
Emergency Contact Number	
Emergency Contact Address	

Does the skater have any specific medical condition requiring ongoing treatment?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details
Details of medication required: (eg inhaler)	
Does the skater have any other specific medical condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details
Does the skater have any allergies?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details
Does the skater have any special dietary requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details
Are there specific activities in which the skater cannot participate?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please give details
Additional information:	
<p>Disability</p> <p>The Disability Discrimination Act 1995 defines a disabled person as anyone with ‘a physical or mental impairment, which has a substantial long-term adverse effect on his or her ability to carry out normal day-to-day activities’.</p> <p>Do you consider yourself/your child to have a disability?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
If yes, what is the nature of the disability?	

DECLARATION OF PARENTS/CARERS

I give my consent that if an emergency medical situation arises, the Club may act in loco parentis. In my absence, I authorise the supervisor to sign any written form of consent required by hospital authorities on my behalf, should the delay required to obtain my signature be considered likely to endanger my child's health by the said authority. In such circumstances, I understand that every effort shall be made to contact me prior to this action being taken.

Signature of parent or carer: _____ **Date:** _____

Name (please print in capitals): _____