

FENCING CLUB PARENTAL INFORMATION SHEET

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PLEASE COMPLETE THE FORM BELOW TO ENSURE YOUR CHILD HAS THE BEST EXPERIENCE POSSIBLE.

IT IS ENTIRELY CONFIDENTIAL.

NO INFORMATION CONTAINED THEREIN WILL BE SHARED WITH ANY THIRD PARTIES

CONSENT TO ADMINISTER FIRST AID: **YES** **NO** **SIGNATURE:**

NAME AND AGE OF CHILD:	PREFERRED NAME:
CONTACT NUMBER:	NAME OF PARENT/CARER:
EMERGENCY CONTACT NUMBER:	ALLERGIES: YES NO DETAILS:
ASTHMA: YES NO DETAILS:	EPIPEN CARRIED: YES NO DETAILS:
ADHD: YES NO DETAILS:	INHALER CARRIED: YES NO DETAILS:
LEARNING DIFFICULTIES: YES NO DETAILS:	HEARING DIFFICULTIES: YES NO DETAILS:
EYESIGHT DIFFICULTIES: YES NO DETAILS:	STOMACH PROBLEMS: YES NO DETAILS:
REGULAR HEADACHES/ MIGRAINES: YES NO DETAILS:	JOINT PROBLEMS: YES NO DETAILS:
	AUTISTIC SPECTRUM: YES NO DETAILS:
ANY OTHER MEDICAL PROBLEMS YOU FEEL THE COACH SHOULD BE AWARE OF:	
ANYTHING ELSE YOU WOULD LIKE THE COACH TO BE AWARE OF:	