



## Emergency Contact and Medical Information for a Child

Child's Name	Date of Birth		M	F
			Sex	
Parent's/Guardian's Name (s)		Other Emergency Contact		
Emergency Phone	Other Phone	Emergency Phone	Other Phone	
Email Address				
Address		Post Code		

School and Year in School

Allergies/Special Health Considerations

Please circle the appropriate response:

(Yes or No)	0	1	2	3+
Does the child have any long term illness, health problem, or disability that limits daily activities? If yes, please elaborate.	On average, how many times per week does the child participate in sport or fitness activity for at least 1 hour?			

Thank you for completing this form. It is vital information in the event of an emergency. Your answers will be kept confidential and not distributed to any outside parties. We will also use the data to pass along information about future events.

**PHOTOGRAPHY/FILMING**  
 Please note that to help promote and evaluate Crusaders Basketball activities, there may be video filming and photography at some sessions which may be used in publicity materials, e.g. leaflets, newsletters or on official websites. Crusaders Basketball advises all activity providers to ensure that images are not accompanied by names or other details that could identify individual children or young people.  
**PLEASE DELETE AS APPROPRIATE**  
**I do/ do not give permission for my child to be filmed or photographed during Crusaders basketball activities.**

Parent's/Guardian's Signature	Date
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