

**ESSEX COUNTY SHORT MAT BOWLS
ASSOCIATION**



BOWLING CODES OF PRACTICE

PLAYER'S HEALTH PROFILE

IN ORDER THAT CARE CAN BE ACCORDED TO CHILD/VULNERABLE ADULTS MEMBERS, PLEASE COMPLETE THE HEALTH PROFILE BELOW:

NAME OF MEMBER

DATE OF BIRTH...../...../.....

IS YOUR CHILD/VULNERABLE ADULT:

DIABETIC YES/NO

EPILEPTIC YES/NO

ASTHMATIC YES/NO

IF YES TO ANY OF THE ABOVE, PLEASE GIVE DETAILS OF MEDICINES/ACTIONS NECESSARY, ETC

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.....

GIVE DETAILS OF ANY OTHER HEALTH/DISABILITIES/INJURIES YOUR CHILD/VULNERABLE ADULT HAS THAT SHOULD BE KNOWN ABOUT

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.....

CHILD/VULNERABLE ADULT ADDRESS.....

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Appendix 1

CITY..... POST CODE.....

TEL NUMBER, INCLUDING STD CODE

RELATIONSHIP TO CHILD/VULNERABLE ADULT.....

I CONSENT TO MY CHILD/VULNERABLE ADULT, RECEIVING APPROPRIATE EMERGENCY TREATMENT,
INCLUDING IF NECESSARY TRANSPORT TO HOSPITAL AND TREATMENT THERE.

SIGNED PARENT/GUARDIAN.....

PRINT NAME.....

DATE.....