



Malpas & District Junior Football Club

Grounds: Malpas Sports Club, The Oxhays, Wrexham Road, Malpas, Cheshire
Bishop Heber High School, Farndon Community Field
www.malpasfc.co.uk



August 2020

Dear Parents

I need to draw your attention to our need to respond to FA and Club Policy regarding asthma and other serious medical conditions.

Asthma

The proper care and supervision of players with asthma is something that the FA has placed renewed emphasis on and as a result have placed specific requirements on Clubs and Coaches to ensure the safety of those we look after during football activities.

- Any player known to be affected by asthma must declare the condition on registration paperwork
- Any player known to be affected by asthma will only be permitted to take part in training matches if they make access to their medication / inhaler available to the coach in charge of the session. This medication must be readily available to the coach and player for the duration of the activity - meaning it will be immediately available to the player if needed. Due to COVID-19 measures the inhaler should be in the possession of the Player
- Medication / inhalers should be in date and labelled with the player's name and simple details of the "typical" dose. This is personal medication and cannot be shared with other players.
- It is perfectly acceptable to provide a spare inhaler, to be left permanently with the Coach as long as it is in date, more than half full and labelled as above. Please be aware though that the specific coach may not always be available for a particular session and the responsibility for providing an inhaler still exists and will be enforced by the Coach who is present.

The direction from the FA is unequivocal - players will be refused access to training / match if the inhaler is not available to the Coach at the start of the session.

Allergies

The same arrangements apply to EpiPens in relation to known risk of allergic reactions. The Club will be requesting knowledge about allergies and you are politely requested to be as thorough as you can in disclosing this information.

Sudden Cardiac Arrest

Also required for the 20/21 Season is a question about Sudden Cardiac Arrest. This is something that Junior Football is becoming more aware of and responsive to. It is important that you share any medical history that may be relevant to enable the Club to manage this matter as effectively as possible.

I trust you appreciate the importance approach and welcome your co-operation on this matter. I would be grateful if you could give this information to your child's coach on receipt of this letter. This information will also be collected on the new season's Subscription Form but it is important that we undertake Medical Screening before activity commences.

Please note that the disclosure of medical information and its use is covered by the Club's Privacy Notice, which can be found on the website. The Privacy Notice and related Malpas & District JFC (GDPR) Data Protection Policy has been updated in line with COVID-19 safety measures and parents are encouraged to familiarise themselves with the changes. The management of inhalers and Epi Pens for the 20/21 Season will be undertaken in line with COVID-19 safety measures.

Kind regards

Andrew Harradine - Chairman

Hannah Adamson - Club Welfare Officer

MEDICAL SCREENING

In order to maximise the safety and wellbeing of our players the Club is required to collect certain medical information. **The Club can only react and plan for medical conditions that are declared to it, please therefore answer ALL questions below.** These details will be held in confidence by the Club Welfare Officer and also your team manager according to the Club's Privacy Notice.

All managers are Emergency First Aid trained

THIS FORM MUST BE RETURNED BEFORE START OF THE 20/21 SEASON

Please complete electronically and email to malpasjfccwo@btinternet.com the accompanying email will also be retained for Club records.

Name:

Team:

Does the player have a diagnosed medical condition, allergy or additional support need? Y / N

Please declare the condition / allergy / support need:

Is there a history of the following conditions in the players family?

Sudden Cardiac Arrest Y / N

Heart Murmur Y / N

Asthma Y / N

Respiratory Arrest Y / N

Signed:

Date: