Medical Declaration Policy

JV Ice Hockey Academy LTD

JV Ice Hockey Academy LTD
Email: jv.icehockey.london@gmail.com
Website: jvhockeyacademy.com
Location: Queens Ice Rink, Bayswater London
Spond registration: https://club.spond.com/landing/signup/jvicehockey
WhatsApp: https://wa.me/message/QM55R2X7FUO2E1

Spond acceptance:
By ticking the consent box in Spond, I confirm that I have read and understood the medical declaration process. I understand that any medical condition must be declared before participation.

1. Purpose

This document explains when medical information must be provided to JV Ice Hockey Academy LTD and how that information is used. The academy aims to reduce unnecessary paperwork while still collecting important safety information where needed.

2. Medical declaration during registration

During registration, parents, guardians or adult players will be asked to give consent and confirm whether the player has any medical conditions.

If there is a medical condition, it must be declared in the medical form attached on Spond. If you are unable to find the form, JV Ice Hockey Academy can send it to you directly.

3. What must be declared

Please declare any information that may affect safe participation, emergency care or coaching support, including:

- Medical conditions
- Allergies
- Asthma or breathing difficulties
- Epilepsy, fainting, diabetes or similar conditions
- Injuries or ongoing pain
- Medication requirements
- Disability, additional need or support requirement
- Any other information that coaches or administrators should know in an emergency

4. How medical information is used

- Medical information is used only for safety, welfare, emergency support and appropriate session management.
- Relevant information may be shared with coaches, administrators, first aiders or emergency services where necessary.
- Medical information is treated as sensitive information and is handled in line with the JV Ice Hockey Academy LTD Privacy Notice.

5. Medical Declaration Form Template

This form only needs to be completed where a player has a medical condition, allergy, injury, disability, medication requirement or additional need that JV Ice Hockey Academy should be aware of.

Field	Information
Player full name	
Date of birth	
Parent or guardian name, if under 18	
Adult player name, if over 18	
Emergency contact name	
Emergency contact number	
Medical condition, allergy, injury, disability or additional need	
Medication required on site, if applicable	
Daily medication, if applicable	
What should coaches or staff do in an emergency?	
Any other relevant information	

Declaration: I confirm that the information provided is accurate to the best of my knowledge. I understand that I must inform JV Ice Hockey Academy if this information changes.

Parent, guardian or adult player name	
Signature	
Date	