



**Ballyboden St Endas GAA Club
Juvenile Committee**



PRELIMINARY NOTIFICATION FORM

To be submitted to Juvenile Committee's Medical Claims Officer

as soon as possible, after the injury has been sustained

Tom Lawlor, Tel: 086-8206484 email: tom.lawlor@phmcc.com

Please complete this form in BLOCK CAPITALS

Name of Claimant/Injured Person <input style="width: 95%;" type="text"/>	Name of Team (e.g. Under 10.) <input style="width: 95%;" type="text"/>
Full Address of Claimant <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/> <input style="width: 95%;" type="text"/>	
Date of Birth <input style="width: 95%;" type="text"/>	Type of Team (e.g. Football, Hurling etc.) <input style="width: 95%;" type="text"/>
Contact Number TEL: <input style="width: 95%;" type="text"/>	
Nature of Possible Claim (tick as appropriate)	
Loss of Wages <input style="width: 30px;" type="checkbox"/>	Permanent Disability <input style="width: 30px;" type="checkbox"/>
Medical Expenses <input style="width: 30px;" type="checkbox"/>	Hospitalisation <input style="width: 30px;" type="checkbox"/>
Dental Expenses <input style="width: 30px;" type="checkbox"/>	
Date of Injury <input style="width: 150px;" type="text"/>	
Nature & circumstances of Injury	<input style="width: 450px; height: 50px;" type="text"/>
Team Manager's Name <input style="width: 280px;" type="text"/>	Telephone Number Home: <input style="width: 280px;" type="text"/> Work: <input style="width: 280px;" type="text"/>
Team Manager's Signature Signature <input style="width: 280px;" type="text"/>	Date <input style="width: 150px;" type="text"/>