



Ballyboden St Endas GAA Club Juvenile Committee



PRELIMINARY NOTIFICATION FORM

To be submitted to Juvenile Committee's Medical Claims Officer
at the earliest opportunity after the injury has been sustained.

Declan O'Rourke ■ Tel: 087 747 3632 ■ Email: declanorourke1966@gmail.com

Please complete this form in BLOCK CAPITALS

<p>Name of Claimant/Injured Person:</p> <p>.....</p> <p>Full Address of Claimant:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>Date of Birth: / /</p> <p>.....</p> <p>Tel:</p> <p>.....</p> <p>Email address of parent/guardian:</p> <p>.....</p>	<p>Name and Type of Team (e.g. under 10/hurling):</p> <p>.....</p> <p>Membership Number:</p> <p>.....</p> <p>Name of Opposition:</p> <p>.....</p> <p>Incident occurred during (please tick):</p> <p>Official Match <input type="checkbox"/></p> <p>Challenge Match <input type="checkbox"/></p> <p>Training <input type="checkbox"/></p> <p>Date of Injury: / /</p>
---	---

Nature of Possible Claim (please tick as appropriate):

Loss of Earnings: <input type="checkbox"/>	Permanent Disability <input type="checkbox"/>	Medical Expenses <input type="checkbox"/>
Hospitalisation <input type="checkbox"/>	Dental Expenses <input type="checkbox"/>	Medical Insurance <input type="checkbox"/> Y <input type="checkbox"/> N

Insurance Details

(provider/plan number etc)

.....

Nature and Circumstances of Injury:

.....

.....

.....

Team Manager Name:	Contact Number:
<div style="border: 1px solid black; height: 40px;"></div>	<div style="border: 1px solid black; height: 40px;"></div>

Team Manager Signature: **Date:** / /