



MEDICAL INFORMATION

Please give as much information as possible so that we can ensure the correct treatment is given in the event of an emergency. This form must be updated as and when any injuries or treatments are undertaken.

NAME:

ADDRESS:

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TELEPHONE NUMBERS IN CASE OF EMERGENCY

(Please state name and relationship to player for each number)

1
 2
 3

MEDICAL INFORMATION

(Please tell us of ANY previous history even if you think it's trivial!)

If you/your child suffers from any of the following please give details of condition i.e. treatment needed in emergency etc. If you need extra space, then please give more details on attached sheet.

	YES	NO	DETAILS
Asthma			
Diabetes			
Epilepsy			
Allergies			
Migraine			
Poor circulation			
Panic attacks			
Other conditions			

Do you/ your child consider yourself to have a disability? If yes please state:

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If you/your child has suffered ANY injuries during the last 12 months, please give details below.

TYPE OF INJURY	TREATMENT GIVEN by whom & date

ADDITIONAL INFORMATION

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SIGNED: ----- (Player/Parent/Guardian)

DATE: -----