

Medical Form to be completed by all members

Please complete the following information which will be used by club officials in the event of an emergency

Member Name: _____

Emergency Contact Name: _____

Emergency Contact Number/s: _____

Do you suffer from any of the following:-

Asthma	YES / NO	Please supply any further details including any medication information
Diabetes	YES / NO	
Epilepsy	YES / NO	
Heart Condition	YES / NO	
Pre-existing Injury	YES / NO	
Visual Impairment not already corrected by glasses or contact lenses	YES / NO	
Hearing Impairment	YES / NO	
Physical Disability	YES / NO	
Learning Disability	YES / NO	
Allergies	YES / NO	

Signature: _____ Date: _____

This medical information will be shared on a need to know basis ie Team Captains

FOR UNDER 18'S ONLY:

By returning this form duly completed I agree to my son/daughter taking part in the activities of the club. I understand that I will be kept informed of these activities – for example timing and transport details

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me, and to deal with that injury / illness appropriately

I give permission for photographs being taken of my child by an officer of the Club for Website or publicity purposes only **YES / NO**

Name of Parent / Guardian: _____

Address: _____

Contact Number/s: _____

Signature: _____ Date: _____