

MEDICAL DETAILS

PLAYERS NAME.....
ADDRESS.....
.....
DATE OF BIRTH.....

DOCTOR.....
ADDRESS.....
.....
TELEPHONE NUMBER.....

PLEASE INDICATE IF YOUR CHILD HAS ANY MEDICAL CONDITIONS THAT WE SHOULD BE AWARE OF (e.g. ASTHMA)

PLEASE INDICATE IF YOUR CHILD HAS ANY KNOWN ALLERGIES

PLEASE INDICATE IF YOUR CHILD'S VACCINATIONS ARE UP TO DATE (ESP. TETANUS)

EMERGENCY CONTACT DETAILS

NAME.....
RELATIONSHIP.....
ADDRESS

TELEPHONE NUMBER (HOME).....
MOBILE.....

IN THE EVENT OF NOT BEING ABLE TO CONTACT THE ABOVE PERSON PLEASE PROVIDE A SECOND CONTACT NAME AND NUMBER

NAME.....
RELATIONSHIP.....
TELEPHONE NUMBER (HOME).....
MOBILE.....

IN THE EVENT THAT MY CHILD IS INJURED WHILST PLAYING FOOTBALL OR TRAVELLING TO AND FROM FOOTBALL EVENTS AND I CANNOT BE CONTACTED I GIVE MY CONSENT FOR MY CHILD TO RECEIVE MEDICAL ATTENTION

SIGNED.....

PRINT NAME.....
RELATIONSHIP TO CHILD.....
DATE.....