MEDICAL INFORMATION

To be completed clearly and in block capitals

Full Name ……..

Home Address ……..

……..

……..

Post Code ……..

Date Of Birth ……..

Home Telephone Number ……..

Alternative Telephone Number ……

Doctors Name ……..

Doctors Address ……..

Blood Group (if known) ……..

Is consent given to administer blood transfusions Yes/No

Date of last Anti-Tetanus injection ……..

Known Allergies a) Medicinal ……..

……..

……..

……..

b) Nutritional ……..

Current Medication ……..

……..

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……..

Relevant Medical History ……..

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……..

N.B. You must advise your team manager at all times, prior to training or playing, of any changes to this information.

I confirm that this information is accurate and request any necessary emergency treatment. I am over 18 years of age.	(If under 18 years of age). I confirm that this information is accurate and I give consent for my daughter to receive any emergency treatment considered necessary by medical staff.
Signed ……	Signed (Parent/Guardian/Carer) ……
Date ……	Date ……

This form is for club use only. **It must not be returned to the league**.

The use of this form by clubs and players is optional, but highly recommended. It is intended for when a player receives a serious injury and may be unconscious or for whatever reason, cannot give any details to medical staff who may be required to treat her.

All players in the club should complete this form as fully as possible and hand them into a club official. They should be kept securely and within the requirements of the Data Protection Act. They should then be taken to all home and away matches and be available in the event of a serious injury to a player.

It is hoped they are never needed, but in the end they may save a life.