



Medical History Form

For the benefit of your health and safety, whilst playing as a registered member of this club, we ask that you please fill in the following Medical Information form and return with the Player Registration Form.

Personal Information

First name: _____ Last name: _____
Address: _____
Tel: _____ W _____ Mobile _____
Date of birth: _____

Emergency Contact

First name: _____ Last name: _____
Address: _____
Tel: _____ W _____ Mobile _____
Relationship: _____

Medical Information

Respiratory disorder e.g. Asthma	Yes/No
Epilepsy	Yes/No
Fainting/Dizzy Spells	Yes/No
Allergies eg Bee Stings	Yes/No
Heart Condition	Yes/No
Diabetes	Yes/No
Is the player covered by an ambulance subscription	Yes/No
Other relevant medical information	_____

I _____ consent to allowing the above medical information to be made available to team supervisors or in the case of senior competition. – team captains.

SIGNED: _____ DATED: _____