

CROXLEY GUILD YFC

MEDICAL & EMERGENCY FORM PERSONAL DETAILS and MEDICAL HISTORY 2008-9

Players name	
Age group/team	
Players home address	
Date of birth	
Parent/Guardian and phone #	
2 nd contact, relationship and phone #	
3 rd contact, relationship and phone #	
MEDICAL HISTORY	
Name of doctor	
Doctors address	
Does the player suffer from any form of allergy or allergic reaction?	YES / NO
If yes, please provide details (this includes drugs, hay fever, plasters, stings)	
Does the player have any chronic medical condition?	YES / NO
If yes please provide details (this includes asthma, diabetes, epilepsy)	
Does the player require regular medication?	YES / NO
If yes please provide details (ensure a parent is present to administer medication)	
Does the player wear contact lenses or glasses?	YES / NO
Does the player have false teeth , crowns or caps?	YES / NO
Has the player had a Tetanus injection?	YES / NO
If Yes please provide details	
Provide other details that may affect your Childs well being when in our care	

EMERGENCY TREATMENT

Please read & sign the consent below concerning treatment of your child in the event of an emergency

I, _____ being the parent/guardian of _____ consent to any necessary action being taken by an appropriate representative of the Croxley Guild YFC coaching staff to ensure there is no delay in administering or arranging prompt medical treatment when required for the above named child in my absence and whilst under the care of the club coaching staff. This authority is applicable to those representatives of the Croxley Guild YFC who hold and maintain a current emergency first aid certificate or higher qualification.

I certify all details contained on this form are correct & to my knowledge accurate. I further acknowledge it is my responsibility to advise the Club of any material changes.

Parent/Guardian (print) _____ Signature _____

Relationship to player _____ Date _____

Please return to your manager along with all other forms