

CODNOR BOYS/GFC CODNOR Football Club
Medical Form

Player's Details

Name:

Address:
.....

Telephone Number: Date of Birth:

Team registered with:

Doctors Details

Name:

Address:
.....

Telephone Number:

Medical Information

Does your child have any conditions requiring medical treatment? YES / NO

If YES, please give brief details including any medication:

.....
.....
.....

Does your child have any known allergies? YES / NO

If YES, please list:

.....
.....

When did your child last have a tetanus injection?

.....

Emergency Contacts

Name:

Address:
.....

Telephone Number:

Relationship to Player:

Name:

Address:
.....

Telephone Number:

Relationship to Player:

Name:

Address:
.....

Telephone Number:

Relationship to Player:

Declaration

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion as considered necessary by the medical authorities present.

In the event of there being any changes in my child's medical or personal details I will inform the Team Manager in writing.

Signed: Date:

Full Name (Capitals):