



HEMEL STAGS ACES FOOTBALL CLUB

PLAYER MEDICAL DETAILS

2009-2010

FA Charter Standard Development Club



PLAYERS MEDICAL RECORD

The information given will not affect your child's participation or place within the Club; it will enhance our understanding of your child's needs.

The information will only be disclosed to club members who need to know [e.g. Team Manager, 1st Aider, etc], or medical professionals if the player needs attention and you / a nominated contact cannot be contacted on any of the numbers provided. The data will be kept in a secure confidential manner.

PLEASE COMPLETE IN BLOCK CAPITALS

Team Name: HEMEL STAGS ACES _____ **Age group (Under)** _____

Players Name: _____ **Date of Birth:** _____

Address: _____

Town: _____

County: _____ **Post Code:** _____ **Home Tel No:** _____

Parent/Guardian Name: _____

Mobile No: _____ **Email:** _____

Other Contact Names & Telephone Numbers in case of Emergency
(Relationship to player, i.e. grandparent, family friend)

1. _____

2. _____

Doctors Name: _____ **Surgery Tel No:** _____

Surgery Address: _____

Any Allergies to drugs, if so, what?: _____

Any other allergies (i.e. bee stings, plasters, etc)? _____

Any other serious illnesses – please tick

Asthma Diabetes Epilepsy Others

Others, please explain: _____

Any regular medication, if so, what? _____

Other relevant information: _____

Other learning or behavioural difficulties? _____
(I.e. Dyslexia, ADHD, etc)

Signed Parent / Guardian: _____

Print Name: _____

Date: _____