



**MEMBER'S MEDICAL RECORD**

NAME:- .....

DATE OF BIRTH:- .....

ADDRESS:- .....

.....

TEL NO. .... Mobile:.....

1<sup>st</sup> EMERGENCY CONTACT PERSON:- .....

1<sup>st</sup> EMERGENCY CONTACT TEL. NO:- .....

2<sup>nd</sup> EMERGENCY CONTACT PERSON:- .....

2<sup>nd</sup> EMERGENCY CONTACT TEL. NO:- .....

**MEDICAL HISTORY**

Family Doctor:- ..... Tel No: - .....

Medical Problems (e.g. Asthma, vision, hearing, speech, etc):- .....

.....

Allergies:- .....

Parental advice for Managers with regard to medication:- .....

.....

Any other conditions which the club should know about?

.....

Signature:- ..... Date:- .....

*The above information will be treated with the strictest confidence.*