



MEDICAL INFORMATION FORM

Player Name.....Date of Birth.....

Address.....

.....Postcode.....

Contact Numbers Home..... Mobile.....

Work..... Other.....

Doctors Name.....Telephone Number.....

Note: The following information is collected for the benefit of this player and is dealt with extreme care and discretion

Medical Condition	Further information or special instructions for emergency action
Epilepsy Yes/No	
Fainting / dizzy spells (or other sudden loss of consciousness) Yes/No	
Heart Condition Yes/No	
Diabetes Yes/No	
Ear disorder (particularly drainage tube or deafness) Yes/No	
Respiratory disorder (particularly asthma) Yes/No	
Allergies (particularly insect bites and stings) Yes/No	
Behavioural Disorders Yes/No	
Other relevant medical information Yes/No	

I authorise the Coach, Manager or any other official of Rutherford Football Club to obtain any medical assistance that is deemed necessary and agree to pay all medical expenses incurred.

Parent or Guardian's Name.....(please print)

Parent's or Guardian's Signature.....Date...../...../.....