



Player Medical Information

In case of an emergency while your child is involved in any rugby related activity: training, playing matches, travelling to venues etc. It is important that the Club has a record of any medical condition that he/she may have, any medication that they are taking on a regular basis or if they have any allergies e.g. allergic to Penicillin.

For us to have this information etc we ask that you fill in the questionnaire below and return to your child’s Team Manager. If your child does not have any condition or is not taking any medication or has any allergies then please state ‘None’ in the relevant places. However, please fill in the names and contact details sections.

Information on this sheet will be treated in the strictest confidence.

Name of Child.....

Date of Birth.....

Medical condition.....

.....

Medication taken.....

.....

Allergic to.....

.....

Name of Parent/Guardian to contact in an emergency

Name.....

Telephone (H)..... **(M)**.....

Alternative Contacts Name.....

Telephone (H)..... **(M)**.....

Parent/Guardian Signature.....

Parents Name.....**Date**.....