

**Crawley Rugby Football Club – Youth Rugby Section
Medical Questionnaire for the 2011 – 2012 Season**

The following information is requested in order that it is available for emergency services medical staff to use in the event of an accident or injury whilst you child is with the club.

CHILDS FULL NAME _____

DATE OF BIRTH _____

NAME & ADDRESS OF FAMILY DOCTOR _____

DOCTORS TEL NUMBER _____

Has your child had any of the following: -

Asthma or bronchitis	YES NO
Heart Condition	YES NO
Fit, fainting or blackouts	YES NO
Severe Headaches	YES NO
Diabetes	YES NO
Allergies to any known drugs or medication	YES NO
Any other allergies e.g. material, food, insect bites etc	YES NO
Other illness or disabilities	YES NO
Any recent contacts with contagious diseases or infections	YES NO

If the answer to any of these questions is **YES**, please give details: -

Has you child had TETANUS vaccination within the last 5 years	YES NO
Is your child receiving medical treatment of any kind from your family doctor or hospitals	YES NO
Has your child been given medical advice to follow in emergencies	YES NO

In the event of an accident or injury, I hereby give my consent to emergency treatment being given to the above named child.

Signed. _____ **Parent / guardian**

Name please print _____

Contact numbers Home _____

Mobile _____

Date _____