



PORTISHEAD TOWN FOOTBALL CLUB (YOUTH & MINI)
PLAYER'S MEDICAL RECORD 2011-12 SEASON

Chairman: John Shaddick, 1 Navigators Court, Portishead, BS20 7PW. Tel. (01275) 849938; *Treasurer:* Simon Appleby, 1 West Hill, Portishead, BS20 6LF. Tel. (01275) 846216; *Secretary:* Dave Butler, 293 Down Road, Portishead, BS20 8HZ. Tel. (01275) 848580; *Welfare Officer:* Elaine Higman. 25 Mead Road. Portishead. BS20 6RZ. Tel. (01275) 8180201

In the event of serious injury the ambulance crew / hospital will require certain basic information:

Player's Name	
Address	
Date of Birth	
Next of Kin	
Date of Last Tetanus	
Any Allergies	
Any Serious Illness / Injury in Last 3 Years	

Doctor's Name	
Practice Name	
Doctor's Address	
Doctor's Tel No.	

Please provide TWO emergency contacts in case of accident or injury during training or matches:

Name	
Relationship to Player	
Telephone No.	
Mobile No.	

Name	
Relationship to Player	
Telephone No.	
Mobile No.	

Please detail below any other relevant information about your child's health and/or disabilities that is likely to affect their ability to participate in competitive football (e.g. diabetes, asthma, epilepsy).

In the event of any illness or accident occurring during Club training sessions or competitions, I hereby give approval for Club officials, and coaches to provide or authorise such emergency treatment as may be deemed necessary

If any of the information on this form changes at any time I will immediately submit a revised Player's Medical Record to the Club.

SIGNED:
 (Parent/Guardian)

Date:

These forms will be retained by Team Managers and must be available at all matches and training sessions