

SWWFC MEDICAL FORM



MEDICAL CONSENT / CONTACT ADDRESS FORM

Date of Birth.....

Name.....

Address.....

.....Postcode.....

Contact in case of emergency - Name.....

Telephone No. Relationship to player

General practitioner's name, address & telephone number.....

Allergies.....

Medication taken regularly

Serious illnesses.....

Broken bones/fractures.....

Serious Surgeries

Past injuries keeping you off training for more than 2 weeks – e.g. left side hamstring strain

Substantial Physiotherapy Treatment within last 2 years.....

I agree to the medical representative of SWWFC administering first aid to me or accompanying me to the hospital in case of emergency.

DATE..... SIGNED..... PRINT.....