

SHAPWICK & POLDEN CRICKET CLUB

Junior Membership Medical Form 2016

CONFIDENTIAL

Please complete this document so that proper care can be taken of your child, if necessary. Please return this and the accompanying Registration Form and at the FIRST training session attended by each child

Child's Name

Date of Last Tetanus Jab:

Is Penicillin Allowed?:

Any Allergies?:

Any Serious Injuries in last 3 years?:.....

Last time in hospital as in-patient:.....

Any other medical information or disability that a doctor, paramedic or club official should know?

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Usual Doctor:

Surgery:

I consent to a Team Manager, Coach or other responsible officer of the Shapwick and Polden Cricket Club arranging for any necessary professional medical treatment for the above named child for any injury or illness whilst in the care of the Cricket Club. I confirm that I have legal responsibility for this young person and am entitled to give this consent.

Signed by Parent/Legal Guardian – (Please delete as appropriate)

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Print Name:

Date:

Please return with Registration Form