



# TAVISTOCK THISTLES FOOTBALL CLUB

Established 1983



## Medical & General Information in case of Emergency

### DETAIL

Name of Child		Date of Birth	
Address			
Post Code		Emergency Tel. Number	

### DOCTOR

Name of Doctor		Telephone Number	
Surgery			
Address			

### CONTACTS

Name	Relationship to Player	Landline	Mobile

- ❖ Do you consider your child to be fit and capable of taking part in Football Training and competitive matches Yes/No
- ❖ Does your child suffer from any reportable medical condition or have any allergies Yes/No  
If "yes" please give details \_\_\_\_\_
- ❖ Does your child have any health problems which require medication Yes/No  
If yes please enter detail overleaf.
- ❖ When did your child last have a Tetanus Injection \_\_\_\_\_
- ❖ Has your child ever suffered a serious injury which needs to be brought to the team managers attention – (i.e. broken arm or leg) Yes/No  
If "yes" please give details \_\_\_\_\_
- ❖ In case of serious accident or illness do you give your permission for us to act as lieu parents, if we are unable to contact you? For example taking your child to hospital and giving permission for treatment. Yes/No

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Rest assured that the information disclosed will be treated with the utmost confidence**