



Saltburn Athletic Football Club

MEDICAL QUESTIONNAIRE (2013/2014 SEASON)

NAME:

DOB:

ADDRESS:

.....

HOME TELEPHONE NUMBER:

MOBILE TELEPHONE NUMBER:

EMERGENCY CONTACT/s:

NAME: **TELEPHONE No:**

NAME: **TELEPHONE No:**

EXISTING MEDICAL CONDITIONS:

(e.g. Asthma, Diabetes, Allergies etc)

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PRESCRIBED MEDICINE:

(state the name of the medicine and dosage)

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PREVIOUS INJURIES:

(Please state e.g. broken bones)

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DO YOU AGREE TO YOUR CHILD BEING ADMINISTERED EMERGENCY FIRST AID
SHOULD IT BE DEEMED APPROPRIATE

YES/NO

SIGNED: **PRINT NAME:**

DATE:

