



Medical Questionnaire

Can you please fill in the requested information below and return to the club (in a sealed envelope if you prefer) as soon as possible. The information will be used only in the event of an accident or emergency.

Name & DOB

Team

Do you suffer from any of the following illnesses?

Illness

Medication Prescribed?

Asthma

Hay fever

Diabetes

Eczema

Other (please specify)

Do you suffer from any allergies?

Details

Doctor

Name

Address

Phone number

Emergency contact

Name

Relationship

Phone number

Mobile number _____

Declaration (if under 18, a Parent or Guardian must fill this in, and sign the form)

Declaration: I consider myself (my son/daughter)* to be physically fit and capable of full participation and agree to notify the club of any changes to the medical information provided. Furthermore, in the event that I am injured I give my permission (for my son/daughter)* for the team managers/coaches appointed by Gosport Borough HC to obtain emergency medical treatment on my behalf.

Signed _____

Date _____

England Hockey requests this data from clubs as part of the annual affiliation process and completing this data accurately enables the club to give an accurate picture to England Hockey on our membership.

Ethnicity of Club Members – please tick as appropriate			
White British	<input type="checkbox"/>	Asian or Asian British - Pakistani	<input type="checkbox"/>
White Irish	<input type="checkbox"/>	Asian or Asian British -Bangladeshi	<input type="checkbox"/>
White Other	<input type="checkbox"/>	Asian or Asian British –Other	<input type="checkbox"/>
Mixed – White & Black Caribbean	<input type="checkbox"/>	Black or Back British - Caribbean	<input type="checkbox"/>
Mixed – White & Black African	<input type="checkbox"/>	Black or Back British - African	<input type="checkbox"/>
Mixed - White & Asian	<input type="checkbox"/>	Black or Back British - Other	<input type="checkbox"/>
Mixed – Other	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
Asian or Asian British - Indian	<input type="checkbox"/>	Other Ethnic Group	<input type="checkbox"/>

Do you consider yourself to have a disability?

If so, please explain the nature of your disability (this information will only be shared with registered first aiders within the club)