



Twickenham Rugby Football Club

Medical questionnaire and consent form

**TO BE RETAINED IN
MEDICAL RECORDS**

The following information is requested in order that it is available for emergency services/medical staff to use in the event of an accident or injury. The RFU in the interest of player safety, strongly advise you provide this information.

All medical information will be held in strict confidence by the club's medical co-ordinator and will only be shared with each section's physio or first aider.

Minis/Juniors Players & Parent/Guridian Details

Players full name	
<input type="text"/>	Team this season
<input type="text"/>	U
Emergency contact name & number eg Parent or Guardian	
1	<input type="text"/>
2	<input type="text"/>

Senior Players Details

Players full name	
<input type="text"/>	<input type="text"/>
Emergency contact name & number eg Parent, Relative, Partner	
1	<input type="text"/>
2	<input type="text"/>

Please provide details to the following. If yes, to any conditions please provide details in the box below including any medication

1 Asthma or Bronchitis?	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>
2 Any Concussion in the last 12 months?	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>
3 Heart Condition?	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>
4 Fits, Fainting or Blackouts?	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>
5 Diabetes?	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>
6 Allergies to any known drugs or medication?	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>
7 Any other allergies e.g. peanuts, insect bites?	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>
8 Any other relevent conditions, illnessess, disability or infections?	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>
9 Has there been any specific medical advice given to follow in emergency?	Yes <input type="radio"/> No <input type="radio"/>	<input type="text"/>

Declaration - Minis/Juniors

In the event of an accident or injury to
I hereby give my consent to the administration of first aid by a qualified first aid official and/or being given medication as instructed. I understand the extent and limitations of the insurance cover provided.

Signature Parent or Guardian	
<input type="text"/>	<input type="text"/>
Print name	Date / /

Declaration - Seniors

In the event of an accident or injury I hereby give my consent to the administration of first aid by a qualified first aid official and/or being given medication as instructed. I understand the extent and limitations of the insurance cover provided.

Signature	
<input type="text"/>	<input type="text"/>
Print name	Date / /