



Medical Questionnaire 2020/21

Name: _____

Address: _____

Contact Number _____

Date of Birth _____ Position/s played _____

Emergency Contact Details:

Name: _____

Contact Number _____

Name: _____

Contact Number _____

Are you being treated for any medical condition at the present or have you been treated in the last year? If yes please explain

Are you taking any medications, non-prescription drugs or supplements? If so please list

Do you have any allergies? If yes please list below

Have you ever had any adverse reactions to any medicines or injections? If yes please explain

Does the player have any Additional Support Needs, illness, injury or condition which might affect his/her participation? Please detail

I agree to the player receiving emergency dental, medical or surgical treatment INCLUDING BLOOD TRANSFUSION/anaesthetic, as considered necessary by the medical authorities present. I understand reasonable attempt will be made to contact parents/carers before administering treatment. Yes /No

Signed _____

Name _____