

ROMSEY RUGBY CLUB MEDICAL CONSENT



Players Full Name:

Birthday:

Telephone:

Emergency Contact Name & Telephone:

Email:

Please declare any existing medical conditions and disclose any medical information that may affect your treatment:

Thyroid		Arthritis		Steroid use	
Cardiac		Diabetes		Smoker	
Respiratory		Osteoporosis		Other:	
Epilepsy		Cancers (previous or present)			

By signing this medical questionnaire, you are consenting to be assessed and treated appropriately by a trained member of the medical / therapy team appropriately. By signing this form, you are entrusting the appropriate first aiders either pitch side or in clinic to act in your best interest where appropriate. You must adhere to the any medical decisions made where applicable even if this means you are instructed not to play for a set amount of time.

All of the information disclosed is confidential and securely stored securely. Please be honest and open with your therapist to ensure you get the best possible result from your medical care. Please ensure medical records are kept up to date and it is your responsibility as the player to update medical staff if your health status changes.

As part of your physiotherapeutic assessment and treatment you may be asked to remove clothing. If you are at all uncomfortable with any part of your assessment or treatment please inform your therapist who will stop the session immediately. You are also welcome to bring a chaperone along to any of the sessions.

Please sign the consent form below to state that you have read and are happy with the above;

Signed.....

Date.....