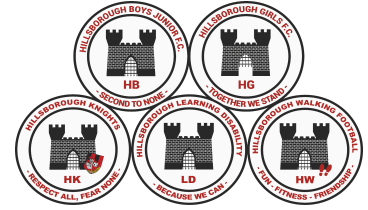


HBJFC MEDICAL FORM



DETAILS OF Player

Full Name:.....

Home Address:.....

Home/Contact Telephone Number:.....

Doctor's Name:.....

Address:.....

If your son/daughter suffers from any chronic or recurrent medical condition it is essential that the details be made known to the coach in charge of the group.

Details:.....
.....
.....

Has your son/daughter suffered from any illness in the last 6 months?.....

If so, please state the illness:.....
.....

Please include any restriction of activity felt necessary e.g. swimming, and full details of any drugs or treatment your child is on. In case of doubt consult your family doctor for advice.

.....
.....

Any information given will be treated in confidence. If you do not wish to include this information with this consent form, please put it into a separate sealed envelope marked confidential and address it to your child's coach.

Please select the appropriate answer before signing the form by placing a tick.

- 1. I have made known details of any medical conditions affecting my son/daughter.
- 2. My son/daughter has no medical problems.

Parent's signature..... **Date:**

EMERGENCY SURGERY CONSENT FORM

I give permission for my son/daughterto undergo any necessary surgery.

Signed.....(parent/guardian)