



Affiliated to the Rugby Football Union and Surrey & Middlesex County RFU's

Medical Information Form

Please complete all the white boxes

Players Name	D.o.B / Age Group/Team
Parent/Guardian/Emergency contact name	Contact Numbers Home: Mobile:
Known medical conditions (Asthma, diabetes, epilepsy etc.)	Medication Required
Known Allergies	Other Relevant Information
Membership Number	Checked and initialled by HS/FACo Date:

The Club has invested in training members as Emergency First Aiders – detailed completion of this form will enable them to react quickly.

Our First Aid Co-ordinator is Hugh Scott who can be contacted on 07970-790676

I confirm that the information given is correct at the time of signing:

Signature:

(Please print name) Date:

PLEASE INFORM THE CLUB IMMEDIATELY OF ANY CHANGES TO THE ABOVE