



38 Magdalen Road, London, SW18 3LH tel: 020 8874 8313

**EMERGENCY CONTACT DETAILS (all sections must be completed by a parent/guardian for players under 18)**

**Player Details**

Name		Date of Birth	
BTM Number (if applicable)			
Home Phone		Mobile Phone	
Address			
Email (parent/guardian)			
GP Name		GP Phone	

**Emergency contact (additional emergency contact details to be continued overleaf)**

Name			
Relationship to player			
Home Phone		Mobile Phone	

**Medical Information (any additional information to be continued overleaf)**

Please list any allergies to medication/food/insect bites			
Please list any condition requiring medication and times medication to be taken		Does the medication need to be administered by an adult	
All medication must be clearly labelled with player's name and with instructions on how to be administered, then handed to the responsible adult			
In an emergency, <b>please indicate</b> whether medical staff should <b>withhold any treatment on religious ground</b>		If Yes, <b>please specify</b> treatment to be withheld	
Please list any special dietary needs			
Other relevant information			

Consent given by:

Name: .....

Relationship to player: .....

Signed: .....

Date: .....