



# Portsmouth Junior Rugby Football Club

## Medical Information & Emergency Contact Details

*Please return this form to your Squad Manager / Coach*

Name of Player: ..... Date of Birth: ..... / ..... / .....

2016/17 Squad: ..... School Attending: .....

### **Medical Information:**

Please detail below any important medical information that our coaches and committee should be aware of (eg epilepsy, Asthma, Allergies etc.)

Please include details of any Medication: .....  
.....

### **Family Doctor:**

Name:

Address:

Telephone Number:

### **Emergency contact details – to be completed by parent/guardian:**

Please insert the information below to indicate the person(s) who should be contacted in the case of an incident / accident:

In an emergency, Contact Name(s) are: ..... and / or .....

Emergency Contact Number: Home: ..... and / or .....

e-mail: ..... and / or .....

Mobile: ..... and / or .....

I understand that in the event of any injury or illness all reasonable steps will be taken to contact me and to deal with that injury / illness appropriately.

I undertake to inform the coach / manager as soon as possible of any changes in medical circumstances and emergency contact details.

On behalf of all persons named on this application form, I consent to the details being recorded on computer and the use of personal details by Portsmouth JRFC for the purpose of this application and membership application.

Signature of parent/guardian: ..... Date: .....