

WASPS EMERGENCY/MEDICAL RECORD

Full Name	
Date of birth	
Address	

Emergency contact details

	Name	Contact Number1	Contact Number 2
Contact 1			
Contact 2			
Contact 3			
Contact 4			

Any medical conditions requiring treatment including medication

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Please outline pain relief that may be given if required

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Please confirm you agree to the use of the following if required

Plasters	
Heat spray	
Ice Spray	
Vaseline	
Antiseptic wipes/creams	
Ice packs	

Please advise any known allergies

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DECLARATION

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities

I agree to my child taking part in activities linked to Witnesham Wasps Football Club and acknowledge the need for him/her to behave responsibly

Signed	
Name	
Date	