

Adults Medical Form

Confidentiality:

Details on this form will be held securely and will only be accessed by club volunteers and professionals who need this information in order to meet your safeguarding needs.

Name:	
Address:	
Date of Birth:	
Gender:	

Contact information

Mobile number:	
Email address:	
Emergency contact (in addition to above contact)	

Emergency contact information:

Name:			
Mobile number		Relationship to you:	
Name:			
Mobile number:		Relationship to you:	

Medical information:

Please confirm if there are any activities that you can't participate in	Please give details:	
Any specific medical condition or disability?	Yes: (Please give details)	No:

Medication required (painkillers / inhaler)?	Yes: (Please give details of use)	No:
Any mental health conditions?	Yes: (Please give details)	No:
Mental Health medication required?	Yes: (Please give details of use)	No:
Any allergies?	Yes: (Please give details)	No:
Details of any dietary requirements (vegan/vegetarian):	Yes: (Please give details)	No:
Consent information: <i>please tick the boxes below</i>		
<input type="checkbox"/> I give my consent that if an emergency medical situation arises, the organisation/club may act on my behalf. If the need arises for administration of first aid and/or other medical treatment which in the opinion of a qualified medical practitioner may be necessary. I also understand that in such circumstances that all reasonable steps are made.		
<input type="checkbox"/> I confirm that I have read, or been made aware of, the organisation's policies concerning: <ul style="list-style-type: none"> <input type="checkbox"/> Codes of Conduct for Parents, Coaches, Children & Young People <input type="checkbox"/> Mental Health Policy <input type="checkbox"/> Transport Policy <input type="checkbox"/> Changing Room Policy <input type="checkbox"/> Photography, Videoing, Texting and Use of Social Media Policies 		
<input type="checkbox"/> I can confirm that my child is aware of the [insert club / organisation name] code of conduct for children and anti-bullying policy.		
Signature:		
Print name:		
Date:		