

Medical Information Sheet

Event:..... Date:.....

Name:..... Blood Group:.....

Club:.....

Emergency Contact Name:.....

Emergency Contact Number:.....

Doctors Name:.....

Please detail any relevant injuries or ailments, e.g. asthma, blood pressure etc:

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Please give details of any allergies:

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Please give details of any medication that is currently being taken:

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This information is confidential and only applies to the event shown above. It will be destroyed after the event has finished.