



# East Thurrock United Ladies Football Club

www.eastthurrockunitedladiesfc.com

## Medical Details

Player's Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Forename(s): \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Please indicate whether your daughter has any medical conditions we should be aware of, e.g. asthma.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medication that your daughter takes regularly.

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Details

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Please give two additional emergency contact names and numbers in case the above named person cannot be reached.

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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## Parental Consent

In the event that my daughter is injured whilst playing football, or travelling to or from a football event, and I cannot be contacted, I hereby give my consent for her to receive medical attention.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(please print) \_\_\_\_\_

*continued overleaf*

In the unfortunate event of your daughter requiring hospital treatment, the following information will greatly assist the staff in Accident & Emergency.

Player's NHS No.: \_\_\_\_\_ (10 digits)

Details of any known allergies

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GP Name: \_\_\_\_\_

Surgery Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Surgery Phone: \_\_\_\_\_