Dudley Kingswinford
Rugby Football Club Limited

Heathbrook, Swindon Rd, Wall Heath, Kingswinford, West Midlands, DY6 0AW
Tel: 01384 287006 Email: jacky@dk-rugby.co.uk www.dkrugby.co.uk

YOUTH SECTION MEDICAL FORM

PLAYER INFORMATION:						
FORENAMES:		SURNAME:				
DoB:		AGE GROUP:	Choose an item.	GENDER:	☐ MALE	☒ FEMALE
ADDRESS:				Postcode:		
ADULTS WITH PARENTAL RESPONSIBILITY:						
1.Relationship:		Title:		Surname:		Forename:
ADDRESS: (If different to above)				Postcode:		
Contact Telephone Number:		Email:				
2.Relationship:		Title:		Surname:		Forename:
ADDRESS: (If different to above)				Postcode:		
Contact Telephone Number:		Email:				
Emergency Contacts: (To use if unable to contact above)						
Name:		Relationship:		Number:		
Name:		Relationship:		Number:		
CONFIDENTIAL MEDICAL INFORMATION:						
Does your child suffer from? (Tick if YES)						
Asthma	☐	Heart or circulatory problems	☐			
Diabetes	☐	Eczema	☐			
Any fits, giddy turns or black outs:	☐	Hearing or serious ear problems	☐			
Any serious eye problems:	☐	Movement Disorder	☐			
Any allergies: Nuts / Hay fever	☐	Special Dietary needs	☐			
Please give details concerning any of the above:						
Please give details of any other condition or special needs not covered above: N/A ☐						
Does your Child take any prescribed medicine for any condition? NO ☐ YES☐ (Please give details)						
Does your Child need to take any prescribed medicine whilst participating in Rugby activities, training or games? NO ☐ YES☐ (Please give details)						
Is your child inoculated against Tetanus? NO ☐ YES☐						
DOCTOR:						
Surgery:		Telephone:				
Doctor:						
Address:						
The information above may be shared with the coaching staff, team admin, teams designated first aider and the DK club safeguarding officer. The information above will not be shared with any other persons without your express permission. In the event of a medical emergency do you consent to sharing this information with first responders and/or attending medical staff: YES ☐ NO ☐ (If no, the club or designated volunteers cannot be held responsible for the consequences). In signing this document, I testify the information given is correct to the best of my knowledge:						
Signatures of Adults with Parental Responsibility:						
Signature: Adult 1. above		Print:		Date:		
Signature: Adult 2. above		Print:		Date:		

Dudley Kingswinford Rugby Football Limited's Data Protection statement can be found on our Web Site: www.dkrugby.co.uk