



PONTYPRIDD TOWN AFC

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Members of:

The Football Association of Wales
 The Welsh Football League
 The South Wales Football Association
 The South Wales Women's League
 Taff Ely & Rhymney Valley Football Alliance
 The South Wales Girls Football League

MEDICAL INFORMATION FORM

Private & Confidential

I _____, being the parent/guardian of the child mentioned below, agree to the administration of first-aid treatment by qualified personnel, and the seeking of professional medical attention in the event of an emergency, whilst my child is in the care & supervision of coaches of Pontypridd Town AFC. I understand that every attempt will be made to contact the parents/guardians in the event of an emergency and that the medical information given below will be used for the benefit of my child should first-aid or medical treatment become necessary.

PLAYER DETAILS:

Full Name: _____ Date of Birth: _____
 Address: _____
 Home Telephone (incl. code): _____
 Parent- work Tel: _____ Parent's Name: _____
 Parent Mobile Tel: _____ Parent's Name: _____
 Emergency Tel: _____ Contact Name: _____

MEDICAL INFORMATION (Please answer all questions):

- Does your child suffer from any medical condition? Yes / No
If Yes, please state: _____
- Does your take any regular medication or use an inhaler? Yes / No
If Yes, please state: _____
- Does your child carry medication with them? Yes / No
If Yes, please state: _____ & ensure the coach has the treatment in the medical bag.
- Is your child allergic to ANYTHING? Yes / No
If Yes, please state: _____
- Has your child had a tetanus injection in the last 10 years? Yes / No
If Yes, please state when: _____

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____ Relationship to child: _____

Please ensure coaches are informed of any changes in the information on this form – particularly changes of mobile numbers & any new medical conditions. Please give any other relevant information below or overleaf.