

## Player Medical Form



# Leicester Celtic FC

*Arte et Labore*

It is essential that you complete the following medical questionnaire before you start training with Leicester Celtic FC. Without this information you will not be allowed to train / play at the club. It is in your interest that we request this information as it helps us to give you the best possible care during the time you are with us. In the case of medical assistance required, we will endeavour to provide this information to the assisting medical professional.

**Player Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Team and Coach:** \_\_\_\_\_

Is there any history of heart disease in your family? Yes / No

Are you taking any medication? Or any supplements? Yes / No

Have you recently seen a doctor for whatever reason? Yes / No

Have you ever had an operation? Yes / No

Have you ever had an illness requiring hospital admission? Yes / No

Have you ever broken any bones? Yes / No

Have you ever been diagnosed, by a doctor, with any specific illness, conditions, allergies or disabilities of which the club should be aware Yes / No

Do you need to be in possession of or need to be able to administer medication while at training or matches? Yes / No

If YES, can your administer this medication without assistance? Yes / No

Do you suffer from ...

Asthma? Yes / No

Hay Fever? Yes / No

Diabetes? Yes / No

Epilepsy? Yes / No

When was your last tetanus immunisation?     /     /    

**IF THE ANSWER TO ANY OF THE ABOVE QUESTIONS IS YES, PLEASE GIVE FURTHER DETAILS ON THE BACK OF THIS FORM.**

NB: It is club policy that appropriate footwear and training wear are to be worn to training and matches, as inappropriate gear can cause injury to both yourself and other players. Anyone attending without appropriate gear will not be allowed partake in matches or training sessions.

### **Endorsement by Parent / Guardian:**

I, (Full name)....., of (address) .....

and Telephone number ....., being the person having parental / guardian responsibility for the above named player, hereby certify that the above particulars are correct, and consent to him / her receiving medication as

instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

**This form is to be returned to the club at registration , and will be treated in strict confidence.**

**SIGNATURE PARENT / GUARDIAN: ..... Date: .....**