



Seaton
Calisthenics Club
Established in 1951

2021

Medical Information Form

(This information will be kept confidential at all times)

CHILD'S NAME :

POSTAL ADDRESS:

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TELEPHONE NO: DATE OF BIRTH:

EMERGENCY CONTACT DETAILS:

(Please ensure you note the relationship of emergency contact to the child eg : parent, grandparent, etc)

FAMILY DOCTOR :

DOCTOR'S PHONE :

<i>Does your child suffer from :</i>	<i>Details and/or medication :</i>
Heart Problems	YES/NO
Respiratory problems (Asthma)	YES/NO
Allergies (Bee Stings, Food)	YES/NO
Blood Pressure	YES/NO
Epilepsy	YES/NO
Diabetes	YES/NO
Operations	YES/NO
Recent Illness	YES/NO
Drug Reactions	YES/NO
Other Information	YES/NO
Please elaborate
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I authorise the Coaches to administer whatever medical assistance which they deem necessary should an accident or illness occur and agree to pay all medical or hospital expenses incurred.

Parent/Guardian Signature Date :

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Parent/Guardian Signature Date :