



Papplewick and Linby Cricket Club

PLAYER MEDICAL DETAILS 2007

Name

Date of Birth

School/College
(if applicable)

The information below is to assist the club to help you in the case of an emergency.

		Any further details on condition
Asthma	Yes / No	
Epilepsy	Yes / No	
Diabetes	Yes / No	
Any Allergies	Yes / No	
Any other condition that the Cricket Club should be aware off	Yes / No	

This information may be copied for team Captains/Managers to take to matches
The following is compulsory for U18's

Dr's Name and Address
Emergency contact number (please include an alternative to home)

I, parent/guardian of consent that in an emergency, if I am unavailable, a representative of Papplewick and Linby Cricket Club, may obtain medical assistance as necessary for my child.

Signed:

Date: