

# LONG MARSTON CRICKET CLUB

## Colts Medical Form – Please complete and return with membership application

Colt's Name ..... DOB .....

Address .....  
.....  
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### Emergency Contact 1

Name ..... Number .....

Relationship .....

### Emergency Contact 2

Name ..... Number .....

Relationship .....

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Does your child have any medical problems / allergies? Yes / No

If YES, please give details, i.e. Hay fever, occasional asthma etc. ....

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Will he / she be in possession of any medication? Yes / No

If YES, what is it? .....

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Does your child know how to use it? Yes / No

In case of an accident, do you give your consent for medical treatment to be given,  
and for your child / children to be taken to hospital and treated there? Yes / No

Do you give your consent for your child to travel in a vehicle of an LMCC representative  
if necessary ? Yes / No

Signed ..... Date .....

*This form is to assist our organisers in the event of illness or injury.*