

LONG MARSTON CRICKET CLUB

Colts Medical Form – Please complete and return with membership application

Colt's Name DOB

Address
.....
.....

Emergency Contact 1

Name Number

Relationship

Emergency Contact 2

Name Number

Relationship

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

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

.....
.....

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

If YES, what is it?

.....
.....

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.