



Medical Form

Name:	
Date of Birth:	
Medical History: Have you had any major injuries and / or operations?	If yes, please give dates and details:
Medications: Do you take any medications or supplements?	If yes, please give details:
Do you need any medications due to a medical condition or allergy? Do you always carry your medication with you?	If yes, please give details of how and when you take them:
Mobile Number:	
Emergency Contact:	Name: Number:
Height in cm:	
Weight in Kg:	

Declaration: I, the above named player, consent to Effingham & Leatherhead RFC Medical team storing my data for the purposes of maintaining adequate medical records of any current or future conditions. At any point I may withdraw this consent.

I consent that the above information may be used in an emergency.

Signed:.....

Dated:.....