

PRIVATE AND CONFIDENTIAL
Manor Park Utd – Medical Declaration Form (2010)
This form is for members over the age of 18 Years Old



About the Member

General Information

First Name: Surname:

Address:

..... Post Code

Date of Birth Male / Female (Please ring one)

Home Telephone Number Mobile Number

E-Mail Religion

Doctor (GP) Name and Address

.....

Health of the Member

Does the young person suffer from: (Please ring Yes or No)

Asthma	Yes / No	Medication
Hay Fever	Yes / No	Medication
Epileptic fits	Yes / No	Medication
Haemophilia	Yes / No	Medication
Diabetes	Yes / No	Medication
Hypertension	Yes / No	Medication
Heart Disease	Yes / No	Medication
Back Problems	Yes / No	Medication
Pains in Joints	Yes / No	Where
Other	Yes / No	What
		Medication
Any Allergies	Yes / No	Details

Do you have any religious beliefs that prohibit treatment in the case of an accident?

If yes, please give details

In an Emergency

Emergency Contact – Name

Contact telephone number (day) (eve)

Relationship to the Member

Please also complete the questions on the other side of this form and sign

If you have any queries about the questions on this form, please contact the club's Welfare Officer,
Michael Gold – 07946 169 141 or mike@manorparkutd.co.uk

About the Family

About the Member's Family

Please ring Yes, No or Don't Know

Does anyone in your family suffer with a heart condition? Yes / No / Don't Know

If Yes – Who?

Does anyone in your family suffer with Diabetes? Yes / No / Don't Know

If Yes – Who?

Does anyone in your family suffer with Hypertension? Yes / No / Don't Know

If Yes – Who?

Data Protection

Advertising and Web Site

From time to time we may wish to publish photographs in our advertising or on the Internet. Please indicate your approval or disapproval here:

I
(member's name)

(please delete as required) **am / am not** prepared to allow Manor Park Utd to use photos of the named member in advertising or on the Website.

Signed Date

Legal Declaration

I confirm that the information given above and overleaf is correct and that I am over the age of 18 and legally entitled to complete this form.

Signed Date

Please also complete the questions on the other side of this form

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