



Toddington Rovers Football Club

Medical Conditions Form



Season 2019 – 2020

This form is to be completed by the Club Member and the Club Member's Parent/Guardian (if the Club Member is aged below 18). Any medical condition or allergy that may affect the Member's ability to train and represent the Club should be noted below. If any medication is regularly used by the Member, it should also be noted below.

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|--|--|
| Member's Name | |
| TRFC Team | |
| TRFC Team Manager | |
| Parent/Guardian's Name | |
| Parent/Guardian's Emergency Contact Details | |

| | |
|----------------------------------|--|
| Condition | |
| Visible Signs | |
| Medication/ Corrective Action | |

| | |
|----------------------------------|--|
| Condition | |
| Visible Signs | |
| Medication/ Corrective Action | |

Any further conditions should be noted overleaf

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Signed (Player) Signed (Parent/Guardian) Signed (Manager) Date

WHEN COMPLETE, THIS FORM SHOULD BE PASSED TO THE CLUB CHILD WELFARE OFFICER, WHO WILL RETAIN THIS INFORMATION CONFIDENTIALLY AND ENSURE THAT ONLY THOSE WHO NEED TO KNOW ARE MADE AWARE OF THESE DETAILS.