Bucks RFU Medical Form

Please complete this form **IN FULL.**

This information is strictly confidential and will only be disclosed to medical personnel in the event of an injury.

Name (Block Capitals) .....

Date of Birth .....

Address .....

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Telephone : **Home** .....

Mobile .....

Work/College/Uni .....

E-mail .....

I agree that in the event of an accident the team manager or coach may give permission for the appropriate medical treatment.

I understand that this consent is required because hospitals may refuse treatment is the absence of such permission.

Signed .....

Please print name .....

Signature of Parent/Guardian
If under 18 .....

Please print name .....

GP Name .....

GP Address .....

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GP Telephone .....

Details of any allergies or other medical information. (Please continue overleaf if necessary)

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Date of last Tetanus inoculation .....