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**Junior Athlete Medical Details and Emergency Contacts 2023/24 Season**

|  |  |
| --- | --- |
| **Athlete’s first name** | **Athlete’s surname** |
|  |  |

|  |  |
| --- | --- |
| **Date of birth** | **Squad** |
|  |  |

Does the athlete have asthma, allergies or any other medical conditions that the club should be aware of? Yes / No

If yes, please provide details below, including any medication taken (brand name, drug name and dose). Please continue on reverse of this page if you need more space.

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|  |

**Please keep your coach advised of any changes in your medical details.**

**First emergency contact**

|  |  |
| --- | --- |
| **First name** | **Surname** |
|  |  |

|  |  |
| --- | --- |
| **Phone number** | **Relationship to athlete** |
|  |  |

**Second emergency contact**

|  |  |
| --- | --- |
| **First name** | **Surname** |
|  |  |

|  |  |
| --- | --- |
| **Phone number** | **Relationship to athlete** |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE** |  | **DATE** |  |