

Hart Football Club

Club Secretary, 5 Chesilton Crescent, Church Crookham, GU52 6PA
Telephone: (01252 616174)



HEALTH QUESTIONNAIRE – Season 2009-10

Please complete all sections below and return this form to the above. Details will be kept confidential.

1. Players Details.

Name Date of Birth

Home Telephone Alternative.....

Emergency Number 1 Contact Name.....

Emergency Number 2 Contact Name.....

2. Does your child suffer from any known condition for which they require medication?

Condition

Symptoms

Medication

3. Does your child suffer from any condition that may become aggravated by strenuous exercise or physical contact that may require emergency treatment?

Condition

Symptoms

Medication

Note. Please ensure any medication is made available to Training Staff prior to activity.

4. Parents Declaration.

If any new condition not declared above develops during the season I will inform the Club Secretary.

I give my permission for First Aid treatment to be administered if required.

I give permission to pass the above details to the Clubs current Insurance Company if required.

Signed Date

Print Name Relationship



Affiliated to: Hampshire and Surrey Football Association
Members of: Surrey Primary League
North East Hants Youth League
Surrey Youth League