

**LEE VALLEY JUNIOR ICE HOCKEY CLUB
Player Medical Form**

Player Name:	Date of Birth:
Address:	Contact Number(s): Emergency contact (name/no):
Postcode:	Team (Age Group):
Doctors Name & Address:	Doctors Phone Number:
Do you suffer from any significant medical condition? (e.g. Asthma, Epilepsy, etc.). Yes/No If yes, please give details:	
Do you have any allergies? Yes/No If yes, please give details:	
Do you take any medication? Yes/No If yes, please give details:	
Have you had any head, back or joint injuries in the past 2 years? Yes/No If yes, please give details:	
Have you had a Tetanus injection? Yes/No If yes, when: Date:	
Any other relevant information of which Coaches or Managers should be aware when working with your child?	
CONSENT To be completed by Parent/Guardian I hereby give consent for my son or daughter to take part in ice hockey training sessions and matches, both home and away. I authorise an official of Lee Valley Junior Ice Hockey Club to give permission in an emergency to medical staff to carry out medical or surgical treatment if necessary and in my absence. I also acknowledge that the Club will only be liable in the event of an accident, if they have failed to take reasonable steps in their duty of care to my child during the activities for which they are responsible.	
Signed:	Print Name:
Relationship to player:	Date:

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