

MID CANTERBURY CRICKET ASSOCIATION INC

REPRESENTATIVE PLAYER MEDICAL FORM

PLAYER FORM



NAME :

ADDRESS:

DATE OF BIRTH:

PARENT/GUARDIAN DETAILS:

HOME PHONE NUMBER:

MOBILE PHONE NUMBER:

EMAIL ADDRESS:

MEDICAL DETAILS:

DOCTOR:

DOCTOR'S CONTACT DETAILS:

CURRENT MEDICAL CONDITIONS (Asthma, Allergies etc)

ANY CURRENT MEDICATION REQUIREMENTS (please ensure this is brought to tournament)

MEDICAL HISTORY (any previous conditions we should know about)

DO YOU CONSENT TO YOUR CHILD RECEIVING MEDICAL ATTENTION IN YOUR ABSENCE? YES / NO

EVERY EFFORT WILL BE MADE TO CONTACT YOU BEFORE YOUR CHILD RECEIVES ANY MEDICAL ATTENTION.

SIGNED:.....