



Bledlow Village Cricket Club Junior and Mini Membership Medical Form

To be completed by Parent / Guardian for each child

If there is no information required for a section please put a line through it

*Name of Player: _____

*Family Doctors Name: _____ *Phone: _____

Address:- _____

Are there any disabilities or special needs we need to know about?

Are you on any current medication e.g antibiotics etc?

Are there any on-going medical conditions such as asthma or allergies that require medication?

Any special dietary needs?

Any required medication your child needs should be handed into the main leader and it will be supplied when necessary. If the medication needs to be carried by your child this must be agreed with the organisers.

All information will be kept confidential. We cannot accept responsibility for any information not declared.

I, the Parent/Guardian, declare this information is correct

*Print Name: _____ *Signature: _____

* Required Field