

Chairman: Tony Sheppard, 69 Hertford Road, Clare, CO10 8QJ (Tel: 01787 278376)  
Secretary: Katrina Eady, 1 School Cottage, Cavendish Road, Clare, CO10 8PJ (Tel: 07876 033634)



## CLARE TOWN LIONS MEDICAL INFORMATION (to be retained by manager)

|              |            |            |            |            |           |           |
|--------------|------------|------------|------------|------------|-----------|-----------|
| <b>Team:</b> | <b>U16</b> | <b>U15</b> | <b>U13</b> | <b>U12</b> | <b>U9</b> | <b>U7</b> |
|--------------|------------|------------|------------|------------|-----------|-----------|

|                                 |                       |
|---------------------------------|-----------------------|
| <b>Players Name:</b>            | <b>Date of Birth:</b> |
| <b>Name of Parent/Guardian:</b> |                       |
| <b>Telephone (Home/Mobile):</b> |                       |

In the event that the above named person cannot be reached, please provide two further emergency contact names and numbers:

|                                 |
|---------------------------------|
| <b>Name of Contact:</b>         |
| <b>Telephone (Home/Mobile):</b> |

|                                 |
|---------------------------------|
| <b>Name of Contact:</b>         |
| <b>Telephone (Home/Mobile):</b> |

|                                  |
|----------------------------------|
| <b>Known medical conditions:</b> |
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In the event that my child is injured whilst playing football or travelling to and/or from football events and I cannot be contacted on the number above, I agree to my child receiving medication as instructed and any emergency medical treatment as considered necessary by the medical authorities present.

I will inform the manager as soon as possible of any changes in my child's medical or other circumstances.

**Signature(s) of parent(s)/guardian(s) .....**

**Date .....**