Eastwood Falcons Walking Football Club

Medical Declaration

This information is stored by the Club in case of emergency. The Club sincerely hopes that it will not be necessary to call for medical or emergency assistance but in the unlikely event that it does become necessary all relevant information can be provided to those attending.

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| Full Name |  |

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| --- |
| Medical Conditions/Medications taken (**IF NONE, PLEASE WRITE NONE**) |
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| Allergies | YES/NO |
| IF YES, PLEASE STATE ALLERGIES |
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| --- | --- | --- | --- |
| Signed |  | Name |  |
| Date |  |