



Ground & Clubhouse Oakwood Farm Recreation Ground
Styal Road, Styal, Cheshire SK9 4HP
Tel: 01625 536277
(Opposite Entrance to Quarry Bank Mill)

WILMSLOW JUNIOR LACROSSE MEDICAL RECORD

Name: Date of Birth:

Parents Name: Mother Father

Address:

.....

..... Post Code:

Tel No(s):

Mobile Tel No of Parents:

Contacts in Emergency:

Tel No:

Mobile Tel No:

Doctor's Name:

Address:

.....

..... Post Code:

Tel No:

Allergy(s):

Medical Conditions:

THE MANAGER / COACH HAS MY PERMISSION, IN AN EMERGENCY, WHEN I (OR MY DOCTOR) CANNOT BE CONTACTED, TO TAKE MY CHILD TO THE EMERGENCY FACILITY OF THE NEAREST HOSPITAL. THE HOSPITAL AND ITS MEDICAL STAFF HAVE MY AUTHORITY TO PROVIDE TREATMENT THAT A DOCTOR DEEMS NECESSARY FOR THE WELL BEING OF MY CHILD.

Signature of parent(s) / legal guardian:

Date:

Printed Name: