



**Scottish Thistles Masters Hockey Club
PERSONAL MEDICAL DETAILS**

This form is required for all participants attending a Thistles' playing event whether training or get-togethers or matches involving opposition teams. This applies to all events in Scotland, the rest of the UK and outside of the UK.

Before event: PRINT THIS FORM - FILL IT IN - SEAL IT IN AN ENVELOPE

At event: HAND SEALED ENVELOPE TO TEAM MANAGER

After event: COLLECT SEALED ENVELOPE FROM TEAM MANAGER

The team manager will only open the envelope in case of due cause.

Full Name			
Date of Birth		Mobile nbr	
Home Address			

EMERGENCY CONTACT DETAILS

Name of contact			
Relationship		Phone nbr	
GP or Medical Practice			
Medical Practice Address			
Practice phone nbr			

MEDICAL TRAVEL INSURANCE for events outside of the U.K.

Company			
Policy number		Contact nbr	

By ticking this box I warrant that I have checked with my medical travel insurer that when outside of the U.K. I am covered for organised competitive amateur field hockey.

PLAYING INFORMATION

When playing do you normal wear, have in:

glasses contact lenses hearing aid(s) removable teeth

Any other removable prostheses?	
Any other playing related matters to note?	

MEDICAL INFORMATION CONTINUES ON OTHER SIDE OR SECOND PAGE

MEDICAL CONDITIONS and MEDICINES

Any medication being taken whether prescribed or not?	
Any allergies to medication, foodstuffs or vaccines?	

For medical emergency the following diagnosed conditions (and any others) need to be known about:

Heart Problems	<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	COPD/Emphysema	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Stroke/TIA	<input type="checkbox"/>
Blood Disorder	<input type="checkbox"/>	Kidney Problems	<input type="checkbox"/>	Mental Health	<input type="checkbox"/>	Bowel/Stomach	<input type="checkbox"/>

Details of above conditions	
Any pace-makers or other mechanical devices, artificial joints or replacement body parts e.g heart valves?	
Any other medical conditions or matters of note?	

I consent to receiving any medical treatment, including anesthetic, which the medical professionals consider necessary.

I undertake to inform Scottish Thistles Masters Hockey Club of any changes to the information contained in this form

Name	
Signature	

Date	
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