



Stewartstown Harps GFC-Data Capture Form

(All information received will be treated confidentially and will only be available to coaches & emergency services in event of an injury)



Personal Details: Player	
Surname	
Forename	
Address	
Postcode	
Date of Birth	
School	
Doctor	
Doctor contact no.	

Medical History		
Condition		
Medication		
Allergies		
Special Dietary Requirement		
Blood Group		
Heart Screen? Yes/No (If yes give date)		
Injury History		
<i>When it occurred?</i>	<i>Treatment Received</i>	<i>Current Status of injury</i>

Next of Kin		
	Contact 1	Contact 2
Surname		
Forename		
Address		
Postcode		
Relationship		
Email address		
Mobile		
Landline		

Permissions: (please enter Yes/No)

Club photographs	
Club videos	
Do you give permission for your child to receive treatment in an emergency?	

NB: The club operates a no mobile phone policy in the changing rooms at all times.

Print Name:

Signature:

Date:
