

If you are under 16 then a Parent/Guardian MUST complete this from.

You must provide evidence showing your photo and date of birth for your card to be issued.

MEDICAL INFORMATION

Your First Name AND Surname: _____ Date of Birth _____

Name and address of family doctor (GP): _____

ii. Do you have any medical conditions?

Yes No

If yes, please give details:

Condition: _____
Treatment: _____
Name of hospital attended (if applicable): _____

iii. Are you taking any medicines?

Yes No

If yes, please give details:

iv. Have you in the past, suffered from:

Asthma: Yes No
Hay fever: Yes No
Epilepsy: Yes No

Other allergies? (e.g. allergies to antibiotics/plasters/food etc) Please provide details:

Any serious illness?

v. Have any restrictions been placed on you regarding activities on medical advice?

Yes No

If yes please give details:

vi. Any problems/chronic conditions in the last two years?

Yes No

If yes, please give full details and advise us of any, medication, that you require:

vii. Have you been protected against tetanus? Yes No

Please give date:

NB: Parents should notify in writing if there is any change in the medical information given above. Parents should obtain advice from the family doctor if necessary on taking part in skate park activities.

Declarations

I consent to (name) _____ receiving any emergency medical, surgical or dental treatment, including anaesthetic, as considered necessary by the medical authorities present.

Signed: Name or Parent/Guardian _____ Date: _____

Address: _____
Print Name: _____ Tel no Home: _____
Work: _____ Mobile No: _____

Telephone numbers for emergency contact, if these are different from the home number:

| | | |
|-------|-------------------------------|-------|
| Name: | Relationship to young person: | Tel : |
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