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CONFIDENTIAL FIRST AID INFORMATION

NAME _____

Medical problem(s) or condition(s) which the Club should be aware of:

Special procedures to be followed
(eg medication to be administered and its location)

Name of contact doctor : _____ Ph _____

The names of two parents, guardians or relatives to be contacted in the event of an emergency.

Name : _____ Home Phone _____

Relationship: _____ Bus Phone _____

Name : _____ Home Phone _____

Relationship: _____ Bus Phone _____

**To ensure your Privacy, please place in a sealed envelope
with your name clearly written.
This will be kept by the First Aid Officer with the First Aid Kit
and only opened if required**

