



Skewen FC

Player Medical Information & Conditions Form



Player Details

- Full Name: _____
- Date of Birth: _____
- Address: _____
- Postcode: _____
- Parent/Guardian Name (if under 18): _____
- Emergency Contact Name: _____
- Emergency Contact Number: _____
- Relationship to Player: _____

Medical Information

Doctor / GP Details

- GP Name: _____
- GP Surgery: _____
- Surgery Phone Number: _____

Medical Conditions

Please tick and provide details where relevant:

- ☐ **Asthma**
 - Inhaler required during training/matches? ☐ Yes ☐ No
 - Details: _____
- ☐ **Allergies** (food, medication, stings, etc.)
 - Details: _____
 - Does the player carry an EpiPen? ☐ Yes ☐ No



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- ☐ **Diabetes**
 - Type: ☐ Type 1 ☐ Type 2
 - Management details: _____
- ☐ **Epilepsy / Seizures**
 - Triggers or known patterns: _____
- ☐ **Heart Conditions**
 - Details: _____
- ☐ **Previous or Current Injuries**
 - (e.g., fractures, ligament damage, concussion history)
 - Details: _____
- ☐ **Medication Currently Taken**
 - Details: _____
- ☐ **Other Medical Conditions Not Listed**
 - Details: _____
- ☐ **Any current diagnoses please give details below**
 - Details: _____

Consent & Emergency Treatment

I confirm that the information provided is accurate and up to date. I give permission for Skewen FC coaches and officials to:

- Provide basic first aid where necessary
- Seek emergency medical treatment if required
- Share relevant medical information with medical professionals in an emergency

Signature (Player or Parent/Guardian): _____

Date: _____