

EMERGENCY MEDICAL FORM

First Point of Contact Details:

Name: _____ Tel: _____

Name: _____ Tel: _____

Summarise any Health Conditions?:

List Medication:

Any Allergies?:

Is an Epi-Pen or similar carried? YES/NO

Is a Glyceryl Trinitrate spray carried for chest pains? YES/NO

Anything else carried?:

Once completed please keep this form in a sealed envelope in your Bowl's Bag and inform your captain and team players so they know you carry one

It will only be opened if you have a medical emergency at a match

THIS INFORMATION COULD SAVE YOUR LIFE!