

Team Medical Information (All information will be kept confidential)

Tournament Name: _____
Team Name: _____
Date: _____ **Venue:** _____
Coach and Team Manager: _____
Team Physio / Medic: _____

**Please specify your
 Team Medics qualifications.** _____

No.	Full Name (As on NRIC / Passport)	Also Known As (Nickname)	Date of Birth	Next of Kin (NoK)	Relation (Mother / Guardian etc)	NoK Contact no	Medical conditions eg Asthma /diabetes	Current Medication	Allergies (Food, Drug etc)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									

- All information MUST be filled in for all individuals. Incomplete forms will not be accepted.
- Please ensure all individuals requiring any specific medication (eg. Ventolin, Insulin, Epipen) bring their own and have it readily on hand in the event of an emergency.
- Please ensure that all teams have a designated adult, Group IC or Liaison ready and able to accompany any injured individuals to hospital, if necessary.
This person must have the authority to consent for treatment for the individual in the event of an emergency. Particularly if the individual is a minor.
- Next of Kin information is mandatory for all individuals listed.

I _____ the _____ verify that all the information contained in this document is true and accurate to the best of my knowledge.
 (Full Name as in NRIC/Passport) (Designation)
 (Eg. Group IC, Coach, Team Manager, etc.)

Signature & Date

