Bath University Killer Bees American Football Club Health Form 2023/24

Personal Details

|  |  |
| --- | --- |
| Name | Date of Birth |
|  |  |
| Course Title | Year of Study |
|  |  |
| Term Time Address (incl. Postcode) | Home Address (incl. Postcode) |
|  |  |
| Mobile Number | Next of Kin & Relationship to you |
|  |  |
| GP Name & Address (incl. Postcode) | Next of Kin Address (incl. Postcode) |
|  |  |
| GP Telephone Number (if known) | Next of Kin Contact Number |
|  |  |

Medical Information

Please give as much detail as possible including any medication you are currently taking or should be given, and any past illness that a hospital would need to know about before treatment. Please continue overleaf if necessary.

|  |  |
| --- | --- |
| **Previous/Current Injuries**  (including any treatment received) |  |
| **Illnesses/Conditions**  (e.g. Diabetes, Asthma etc.) |  |
| **Allergies**  (i.e. medications, food etc.) |  |
| **Current Regular Medication** |  |

In the event that I require emergency medical treatment, I give permission for a qualified medic to act in my best interest.

I will notify a member of the committee if any of the information on this form should change

|  |  |
| --- | --- |
| Signature |  |
| Print Name |  |
| Date |  |