



# PERSONAL MEDICAL DETAILS FOR PARTICIPANTS IN SCOTTISH MASTERS HOCKEY

Individuals are responsible for bringing the form duly completed, in a sealed envelope with their name on it, to training, matches and tournaments. The envelope should be given to the designated person prior to the start of activities and retrieved after the end of activities.

*The envelope will only be opened in the event of a medical emergency*

NAME  DOB  MOBILE TEL NO.

HOME ADDRESS

EMERGENCY CONTACT  
(NAME/RELATIONSHIP/CONTACT NO.)

GP ADDRESS AND TEL NO.

INSURANCE POLICY/EMERGENCY LINE

Do you wear contact lenses/hearing aid/false teeth when playing?

Do you have dental caps/crowns?

Do you have any replacement joints or other replaced body parts e.g. heart valves

### MEDICAL HISTORY

- |                 |                          |                     |                          |                |                          |
|-----------------|--------------------------|---------------------|--------------------------|----------------|--------------------------|
| Heart Problems  | <input type="checkbox"/> | High Blood Pressure | <input type="checkbox"/> | Asthma         | <input type="checkbox"/> |
| Diabetes        | <input type="checkbox"/> | Cancer              | <input type="checkbox"/> | COPD/Emphysema | <input type="checkbox"/> |
| Epilepsy        | <input type="checkbox"/> | Stroke/TIA          | <input type="checkbox"/> | Blood disorder | <input type="checkbox"/> |
| Kidney problems | <input type="checkbox"/> | Mental Health       | <input type="checkbox"/> | Bowel/stomach  | <input type="checkbox"/> |
| Other           | <input type="checkbox"/> |                     |                          |                |                          |

### PLEASE PROVIDE DETAILS OF ANY CONDITIONS LISTED ABOVE:

### CURRENT MEDICATION - PRESCRIBED OR NON-PRESCRIPTION:

### ALLERGIES TO MEDICATION, FOODSTUFFS OR VACCINES:

### CONSENT STATEMENTS

I consent to receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary. Yes  No

I undertake to inform Scottish Masters Hockey should any of the information contained in this form change.

Signature:

Date: