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## CONFIDENTIAL FIRST AID INFORMATION

**NAME** \_\_\_\_\_

Medical problem(s) or condition(s) which the Club should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Special procedures to be followed  
(eg medication to be administered and its location)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of contact doctor : \_\_\_\_\_ Ph \_\_\_\_\_

**The names of two parents, guardians or relatives to be contacted in the event of an emergency.**

**Name :** \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship: \_\_\_\_\_ Bus Phone \_\_\_\_\_

**Name :** \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship: \_\_\_\_\_ Bus Phone \_\_\_\_\_

**To ensure your Privacy, please place in a sealed envelope  
with your name clearly written.  
This will be kept by the First Aid Officer with the First Aid Kit  
and only opened if required**

