



# Confidential



## Ball Boys & Girls 2011 Medical Questionnaire

Name:

DOB: / /

Please delete as applicable

Does your child suffer from any of the following conditions?

Asthma	YES/NO	Bronchitis	YES/NO
Chest Problems	YES/NO	Diabetes	YES/NO
Epilepsy	YES/NO	Fainting Attacks	YES/NO
Heart Trouble	YES/NO	Migraine	YES/NO
Raised Blood Pressure	YES/NO	Tuberculosis	YES/NO

If YES to any of the above, please provide details:

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Does your child suffer from any other condition requiring medical treatment, including medication? YES/NO

If YES, please provide full details:

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Is your child allergic or sensitive to any medication, insect bites or food? YES/NO

If YES, please provide full details:

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Has your child been immunised against the following diseases?

Poliomyelitis	YES/NO
Tetanus (lock jaw)	YES/NO

If YES to tetanus, please give date if known .....

Is your child taking any form of medication on a regular basis? YES/NO

If YES, please give full details, indicating the type of medication and dosage.

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Please ensure that your child has adequate supplies of medication with her/him during the game.

Signed Parent/Guardian: .....

Date: .....

Thanks for your time!