

SRU 15s Team Medical Information (All information will be kept confidential)



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

Pls Specify.

WR L1 FAIR

WR L2 ICIR

Others

No.	Player Name (As on NRIC)	Also Known As (Nickname)	Date of Birth	NRIC / Passport No.	Next of Kin	NoK Contact no	Medical conditions eg Asthma /diabetes	Current Medication	Allergies (Food, Drug etc)	Concussion in past 12 mths Yes / No (Date)
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1. All information **MUST** be filled in for all players. Incomplete forms will not be accepted.
2. Please ensure all players requiring any specific medication (eg. Ventolin, Insulin, Epipen) bring their own and have it readily on hand in the event of an emergency.
3. Please ensure that all teams have a designated individual, Team manager, Coach or Team Liaison ready and able to accompany any injured players to hospital, if necessary. This person must have the authority to consent for treatment for the player in the event of an emergency.
4. Next of Kin information is mandatory particularly if players are minors. (Below 21 years of age)
5. All forms must be printed, signed and submitted to the Medical Team on site prior to the start of the tournament. Failing which the team will **NOT** be allowed to take the field.

I _____ the _____, verify that all the information contained in this document is true and accurate to the best of my knowledge.
 (Name & NRIC / Passport No.) (Designation)
 (Coach, Team Manager, etc)

 Signature & Date