



Downend & Frenchay Tennis Club

MEDICAL HISTORY QUESTIONNAIRE

Hambrook, Bristol
BS16 1QQ

Player Name:	
Date of Birth:	
Sex:	
Emergency Contact Name & Relationship to player:	
Emergency phone number:	
GP name and phone number:	

Please tick 'yes' or 'no' and provide additional details if necessary:

	Yes	No	If yes please list
Are you allergic to any medications? (Aspirin, penicillin, etc.)			
Are you allergic to any foods?			
Are you allergic to insect bites/stings?			
Are you allergic to any trees, plants, or animals?			
Any Other Allergies?			

Please list any condition requiring medication and times/quantities medication to be taken:

Has your child been trained to give their own medication?

Any other relevant information:

Signature:

Name (please print):

Date:

All information is confidential but we will require all of our coaches to have access to this information. We will store all returned forms in a file in the clubhouse – out of sight – but if you prefer this information not to be stored in this way please inform us and we can arrange an alternative. Thank you