



BOLTON SPORTS FEDERATION

Ladies' Rounders League

As part of our health and safety procedures it has been agreed that in an emergency situation a member of the team ("First Aid Assistant") would be called upon to ensure that emergency treatment is provided at the earliest opportunity and it would make sense for them to have as much knowledge as possible.

I would be grateful if you would be good enough to answer the questions below and return this form to me duly signed to confirm that it would be in order for this information to be disclosed to the First Aiders.

All information will be held by myself and would be treated with the strictest confidence.

[I would emphasise that you do not have to provide this information to me but in the event of an emergency situation, the information you provide may help us to help you.]

HEALTH QUESTIONNAIRE (For use by Club Secretaries)

1. Are you pregnant? YES/NO
2. Are you diabetic? YES/NO
(If yes do you require insulin?) YES/NO
3. Do you suffer from epilepsy? YES/NO
4. Do you suffer from Asthma? YES/NO
(If so do you use an inhaler? YES/NO)
5. Do you suffer from angina? YES/NO
6. Do you have hearing difficulties? YES/NO
7. Do you have any mobility problems? YES/NO
(If **YES** : In the event fire alarm sounding or emergency evacuation procedures being put into effect (on or off the field) would you appreciate additional assistance to help you safely vacate the premises? YES/NO)
8. Are you allergic to any form of medicine? YES/NO
(If **YES** please provide further details)

Players Signature: _____ Date: _____

(print players name) _____

(Note that if you are under 18 years of age your parent or guardian should sign this form)

Parent/Guardian's name: _____ Signature: _____

Emergency Contact No: _____

[Note that this form is to be retained by the Club Secretary]