Harperbury Bowls Club

*Details required in the event of a medical emergency*

Name……………………………………………………………………………………………………….

Address………………………………………………………………………………………………………

……………………………………………………………………Post Code………………………………

Telephone…………………………………………………………..

Date of Birth………………………………………………………***Paramedics and hospital will need to know***

Details of illness, medication or allergies.

…………………………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………

………………………………………………………………………………………………………………………….

Doctor…………………………………………………………..Tel number………………………………….

Hospital where receiving any treatment……………………………………………………………

In case of emergency please contact:-

Name…………………………………………………………………………

Relationship………………………………………. Relative/friend/other

Telephone number……………………………………………………. Mobile…………………

OR

Name………………………………………………………………………….

Relationship……………………………………… Relative/friend/other

Telephone number……………………………………………………. Mobile…………………

Signed…………………………………………………………………………. Dated……………………