



PLAYER MEDICAL INFORMATION FORM

PLAYER REGISTRATION • MEDICAL & EMERGENCY INFORMATION

This form helps the academy understand a player's medical needs and respond appropriately to emergencies. All information should be handled confidentially and accessed only by authorised personnel.

SECTION A: PLAYER DETAILS

Full name: _____

Date of birth: _____ Age: _____

Gender: _____

Home address: _____

School attended: _____

Age group: ☐ U7 ☐ U9 ☐ U11 ☐ U13 ☐ Youth Team

Date of registration: _____

SECTION B: PARENT/GUARDIAN DETAILS

Parent/Guardian 1 Full Name: _____

Relationship to player: _____

Telephone number: _____

Email address: _____

Parent/Guardian 2 Full Name: _____

Relationship to player: _____

Telephone number: _____



SECTION C: MEDICAL HISTORY

Please tick the appropriate answer.

1. Does the player have any known medical condition?

☐ Yes ☐ No

If yes, please specify: _____

2. Does the player have any known allergies, including food or medication allergies?

☐ Yes ☐ No

Details: _____

3. Does the player use any prescribed medication?

☐ Yes ☐ No

Medication and relevant instructions: _____

4. Has the player previously experienced any of the following?

☐ Asthma or breathing difficulties ☐ Seizures ☐ Heart-related condition ☐ Diabetes ☐ Serious allergic reaction ☐ Significant bone, muscle or joint injury ☐ Concussion or head injury ☐ Other relevant condition: _____
☐ None of the above

5. Has a medical professional restricted the player from participating in physical activity?

☐ Yes ☐ No

If yes, explain any restrictions: _____

6. Does the player require any special assistance during training or matches?

☐ Yes ☐ No

Details: _____



SECTION D: EMERGENCY CONTACT

Primary emergency contact: _____

Relationship to player: _____

Telephone number: _____

Alternative emergency contact: _____

Relationship to player: _____

Telephone number: _____

Preferred hospital or medical facility, if any: _____

Medical insurance provider, if applicable: _____

Membership/policy number, if applicable: _____

SECTION E: MEDICAL EMERGENCY AUTHORISATION

I confirm that the information provided in this form is accurate to the best of my knowledge. I agree to inform Rangers Football Academy of any relevant changes to the player's medical condition.

In an emergency, I authorise the academy's designated staff to provide reasonable first aid within their training and to contact emergency services or arrange urgent medical assessment when reasonably necessary.

I understand that the academy will make reasonable efforts to contact me or the emergency contact provided. I understand that this authorisation does not replace any additional consent required by a healthcare provider.

Parent/Guardian full name: _____

Signature: _____ Date: _____

Player signature, where appropriate: _____



SECTION F: ACADEMY USE ONLY

Medical information received by: _____

Date received: _____

Relevant instructions communicated to authorised staff: ☐ Yes ☐ No

First-aid or emergency plan required: ☐ Yes ☐ No

Additional notes: _____

Authorised staff signature: _____