

# Sports For All Summer Camp

(in conjunction with Limerick Sports Partnership, Limerick FC, Munster Rugby and Limerick GAA)

## Parent/Guardian Medical Information Form

Players Name:.....

Address:.....

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Date of Birth:.....

Contact Tel. Number of Parent/Guardian:.....

Alternative In Case of Emergency Name and Tel Number:.....

### Medical Information:

**Any specific medical requirements? Details of any special need diagnosis?**

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### Allergies

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### Medications

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Signed (Parent/Guardian):.....

Please print name:.....

Date:.....