

# Emergency Contact Form (Players are required to complete all sections)

## Player Details

Name		Date of Birth	
BTM Number			
Home Phone		Mobile Phone	
Address			
Email			
GP Name		GP Phone	

## Emergency contact

Name			
Relationship to player			
Home Phone		Mobile Phone	

## Medical Information

Please list any allergies to medication/food/insect bites			
Please list any condition requiring medication and times medication to be taken		Is help required to administer medication?	
Please list any special dietary needs			
In an emergency, <b>please indicate</b> whether medical staff should <b>withhold any treatment on religious ground</b>		If Yes, <b>please specify</b> treatment to be withheld	
Other relevant information			

## Consent Given by:

Signature..... Date.....  
Name.....  
Competition..... Team Name.....

## Safeguarding Team Contact Details

T: 020 8487 7179 M: 07971 141 024 (24 Hours) E: [safeguarding@LTA.org.uk](mailto:safeguarding@LTA.org.uk)

