



Medical Questionnaire

The purpose of this questionnaire is to ensure that your son is fit to partake in the Football/Water Sports activities the trip has to offer and so that any special arrangements can be made to accommodate their needs.

Name:	Date of Birth:
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European Health Insurance Card Number: (If you have not got one you can apply for one for FREE on the www.soccertour.co.uk 'Documents' page)
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Does he suffer from any allergy to medication? YES <input type="checkbox"/> NO <input type="checkbox"/> Give details:

Has he had a Tetanus injection in the last 10 years? YES <input type="checkbox"/> NO <input type="checkbox"/> Date if known:
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Give details of any recent physical injuries:
Give any special instructions for the football trip:

Give details of any medical condition he is currently being treated for:
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Give details of any medication he may need to take:

Give details of any special dietary requirements:

Does he suffer from travel sickness? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES please supply tablets for trips, if required.

Does he/she suffer from vertigo? YES <input type="checkbox"/> NO <input type="checkbox"/>	Can he swim? YES <input type="checkbox"/> NO <input type="checkbox"/>
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Give details of any additional needs/problems:
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Doctor's Name:
Surgery Address: Tel No:

I give permission <ul style="list-style-type: none">In the event of injury, for my son to be given First Aid treatmentFor my son to be given appropriate over the counter medication in accordance with the instructions on usage.

Signature of Parent / Guardian	Date:
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