

Medical History

Please answer all questions carefully.

1. Does your child have any type of allergy? Yes No

If Yes, specify: _____

2. Has your child ever had an operation/injury? Yes No

If Yes, please describe it: _____

If Yes, in which month and year did it occur? _____

3. Is your child currently taking any prescription medicine? Yes No

If Yes, specify drug: _____ Dosage: _____

4. Please describe any other health condition or physical/psychological condition of your child (or any other condition) about which we should be informed.

The data requested will only be processed by the administrators of the Marsa Sports Club for the general information of the Club and for correspondence with parents themselves. Under no circumstances will this data be passed on to commercial third parties. All this information is required so that, should the need arise, procedures may be carried out without any delays. In case on an accident or emergency, the Marsa Sports Club will attempt to contact the persons listed in the Emergency Contact Details. If no one can be reached the responsibility of your child's health will be assumed by the doctor.

Date _____

Signature _____