



Pro Cricket  
Academies

## Adult Emergency Medical Treatment Form

Adults Forename: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Doctor's Telephone Number: \_\_\_\_\_

Any relevant Medical Information / Conditions / Family history: \_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Requirements: \_\_\_\_\_

Any other relevant information: \_\_\_\_\_

\_\_\_\_\_

Parents/Partners First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Adults Medical Number: \_\_\_\_\_

Email address: \_\_\_\_\_

In the event that I am involved in a serious incident while at the course, I expect the manager, or a delegated member of staff, to contact my Parents/Partner immediately on the above emergency contact number. In the event that I require immediate medical treatment before I will be able to get to the Hospital, I hereby authorise the manager, or a delegated member of staff, to consent to emergency medical treatment on my behalf. I understand that this authorisation will remain valid unless I contact the manager to withdraw it.

**\*Pro Cricket Academies will not accept any Adult on a course unless they are in receipt of a signed medical & consent form.**

Signature of Adult: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company registration number: 7040312

Company registered name: Brad Donelan Sporting Enterprises Limited but trading as Action Kids Courses

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