



CLIFTON CYCLING CLUB  
MEDICAL FORM



Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of parent(s)/ carer(s): \_\_\_\_\_

Emergency contact numbers: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Name of parent(s)/ carer(s): \_\_\_\_\_

Emergency contact numbers: 1 \_\_\_\_\_ 2 \_\_\_\_\_

Allergies:

Does your child require any medication: Yes      No           

If the answer to the above is 'Yes' please give further information:

Additional Information:

<b>Parent/Carer Signed</b>	Date
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Information & Contacts

Club Child Protection Policy:	<a href="http://www.cliftoncc.org/about-us/child_policy">http://www.cliftoncc.org/about-us/child_policy</a>
General Enquiries: <a href="mailto:goride@cliftoncc.org">goride@cliftoncc.org</a>	Club Welfare: <a href="mailto:welfare@cliftoncc.org">welfare@cliftoncc.org</a>