

# 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	
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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)



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

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.....

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