|  |  |  |  |
| --- | --- | --- | --- |
| Players Full Name |  | ID or Passport number |  |
|  |  |  |  |
| Medical Aid /Insurance policy name |  | Medical Aid/Insurance Policy number |  |
| Main member name |  | Beneficiary number |  |
|  |  |  |  |
| Next of Kin (in case of emergency) Name |  | Next of Kin Cell number |  |
| Next of kin email |  |  |  |
| Next of kin 2 name, in case first one cannot be reached |  | Next of Kin 2 cell number |  |
| Family Doctor name |  | Family Doctor Cell/tel number |  |
| Any Allergies |  | Are you on any mediation at the moment |  |
| Any Current medical conditions we need to be aware of? |  |  |  |
|  |  |  |  |

 **Medical information in case of an emergency**