



Medical Consent Form SEASON 2010/2011

Player's Full Name:.....dob

Home Address:

Post Code:..... Tel Nbr:.....

Does your son/daughter/charge have any long term medical condition/ailment/allergy that we should be aware of in case of an emergency? Short term ailments need not be recorded but the relevant manager/coach should be advised accordingly. Nil returns and a statement to such are required to complete our records.

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Emergency Contact Details

First Name..... Surname.....

Relationship to Player.....

Emergency Contact Number.....

In the event that the above named person cannot be contacted, please give the name and number of two (if appropriate) additional contacts.

First Name..... Surname.....

Relationship to Player.....

Emergency Contact Number.....

First Name..... Surname.....

Relationship to Player.....

Emergency Contact Number.....

Consent

In the event that my son/daughter/charge receives an injury whilst playing football, or whilst travelling to or from a football event, I hereby give consent that they may receive emergency medical attention. I understand that my designated Emergency Contacts will be informed as soon as is reasonably practicable.

Name (Capitals).....

Signed (Parent/Guardian/Charge).....