



St Ives Rangers

Medical Consent Form

Player Details

Players Full Name: D.O.B.....

Home Address

Post Code: Home Telephone Number:

Medical Details

Do you (senior player) or your son/daughter/charge (colts or mini soccer player) have any long term medical condition/ailment/allergy that we should be aware of in case of emergency? Short term ailments need not be recorded but the relevant manager/coach should be advised verbally. 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 reached, please give two (if appropriate) extra emergency contact names and numbers:

First Name: Surname:

Relationship to Player:

Emergency contact number

First Name: Surname:

Relationship to Player:

Emergency contact number

Consent

In the event that I (senior player) or my son/daughter/charge (colts/mini soccer player) receive(s) an injury while playing football or travelling to and from football events I hereby give consent to receive emergency medical attention. I understand that my designated emergency contact will be informed as soon as practicable.

Name (Block Capitals):

Signed:
(Player or Parent/Guardian as appropriate)

Date: