

Medical Consent Form



Details of the Child	
Child's Name:	
Full Address:	
	Post Code:
Any medical conditions: (e.g. asthma)	
Any medication currently being taken:	
Any allergies:	
Child's Team:	Team Manager:
Details of the Parent / Carer / Guardian	
Name:	
Relationship to the Child:	
Emergency Contact Number:	
Home Telephone Number:	Email:
In the event the above-named person cannot be reached, please give two extra emergency contact name and numbers:	
Name:	Relationship:
Emergency Contact Number:	
Name:	Relationship:
Emergency Contact Number:	
Consent of Parent / Carer / Guardian	
In the event my child is injured whilst playing football / travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.	
Signed:	
Name (Print):	
Date:	