

# MEDICAL CONSENT FORM

Season 2019/20



Players Full Name..... Team .....

NHS No if known: ..... DOB: ...../...../.....

Dr's Name, Address ..... Dr's Tel: .....

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Your Status – please circle (Not the players)	Mr		Mrs		Miss	
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Detail of person giving consent:

First name:		Surname:	
Emergency Telephone No:		Mobile No:	
Email:			
<p>Parental Consent:                  In the event that my son/daughter 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.</p> <p>Signed:</p> <p>Print Name:</p> <p>Dated:</p>			

In the event that the above named person cannot be reached,  
 Please give two extra emergency contact names and numbers.

Name:	Emergency Contact Number:
Name:	Emergency Contact Number: