

# Medical Consent Form

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Status (Please tick) Mr  Mrs  Ms  Other

|  |  |                   |  |
|--|--|-------------------|--|
| <b>First Name:</b>   |  | <b>Surname:</b>   |  |
| <b>Emergency Telephone No:</b>   |  | <b>Mobile No:</b> |  |
| <b>Email:</b>  |  |                   |  |
| <b>Parental Consent:</b><br>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. |  |                   |  |
| <b>Signed:</b>   |  |                   |  |
| <b>Print Name:</b>   |  |                   |  |
| <b>Date:</b>   |  |                   |  |

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

|              |                                  |
|--------------|----------------------------------|
| <b>Name:</b> | <b>Emergency Contact Number:</b> |
|              |                                  |
| <b>Name:</b> | <b>Emergency Contact Number:</b> |
|              |                                  |