

Cornwall FA

Coach Education Programme 2018/19

**Consent Form**

**FA Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This form should only be completed by a parent/guardian:**

|  |  |
| --- | --- |
| **LEARNER’S NAME:** |  |
| **LEARNERS DOB:** |  |
| **LEARNER’S ADDRESS:**  **POSTCODE:** |  |
| **PARENT/GUARDIAN NAME:** |  |
| **PARENT/GUARDIAN ADDRESS (if different from above) :**  **POSTCODE:** |  |
| **EMERGENCY TEL NOS:** |  |

In the event that the above named person cannot be reached, please give one extra emergency contact name and number below:

|  |  |
| --- | --- |
| **EMERGENCY TEL NOS:** |  |

Does your son/daughter have any specific medical conditions requiring medical treatment and/or medication? Yes/No

If yes, please give details:

**PTO**

Does your son/daughter suffer from any allergies? Yes/No

If Yes, give details:

Please provide details of any medication being taken:

**Parental Consent (to be signed for participants under 18 years)**

In the event that my son is injured whilst attending one of Cornwall FA courses, I hereby give my consent for my son/daughter to receive medical attention. I also give my consent for my son/daughter to appear in all photographs and videos (no names will be used) and these may be used on Cornwall FA social media pages.

**Signed………………………………................................ (Parent/Guardian)**

**Print Name......................................................................**

**Date.…………………………………………………………**