The FA Charter Standard Club Programme Medical Consent Form





Football Club

Medical Consent Form

First Name
Surname —
Emergency Telephone No
Mobile No
E-mail
In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers
Name
Emergency Contact No
Name
Emergency Contact No
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.
Signed
Print
Date

Status (Please tick) Mr Mrs Mrs Other Other