

Medical Consent Form

This form should be completed by a parent/guardian before your child participates in a club activity. One form should be completed for each child/young person

Childs Name: _____ Date of Birth ____/____/____

Address: _____

Parent/Guardian Name: _____

Mobile Tel No: _____

Any specific medical conditions requiring medical treatment and/or medication?

If **YES** , give details: _____

Any Allergies, particularly to medication?

If **YES**, give details: _____

Can a general pain relief medicine be administered i.e. paracetamol, ibuprofen etc.?

If **NO** please give details: _____

I, _____ being parent/guardian of the above named child hereby give my permission for the Team Manager to give immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Signature: _____ Date: _____

NB. Please note that a young person can give their own consent for medical treatment if over 16.

Please supply alternative contact names & numbers who may be contacted in an emergency should you be unavailable

Contact 1.

Name: _____ Relationship to Child: _____

Tel No: _____ Mobile No: _____

Hillmorton Football Club



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Contact 2.

Name: _____ Relationship to Child: _____

Tel No: _____ Mobile No: _____

It is the responsibility of each parent/guardian signing this form to insure contact information is kept up to date with the Club