



# BREDHURST JUNIORS FOOTBALL CLUB

## MEDICAL CONSENT FORM

(All information will be treated as strictly confidential)

Player's Name..... Age Group.....

Address..... Date of Birth.....

.....Post Code.....

Home Telephone Number..... Mobile Number.....

**Does your child suffer from any allergies or medical condition?** YES/NO

If yes please specify.....

**Does your child need to use any medication or are they on permanent medication?** YES/NO

If yes please specify.....

**Is your child able to administer their own medication?** YES/NO

Anyone authorised to do so if parent/guardian not available.....

**Does your child have any other health information that we should be aware of?** YES/NO

If yes please specify.....

**Date of last Tetanus Vaccination.....**

### Doctors Details:

**Name.....**

**Address.....**

.....

**Telephone .....**

**NOTE:** It is important that you ensure that your child has the relevant medication they may need with them when attending matches or training, clearly labelled with their name.

Should i not accompany my child to Club events i agree to remain contactable and i understand that if my child should require emergency treatment the Club will make every effort to contact me on the contact numbers provided. If however i am not contactable on the numbers provided i authorise the Club to consent on my behalf for an anaesthetic to be administered, or any other urgent medical treatment to be given to my child.

Signed.....Parent/Guardian Date.....

Print Name.....

I confirm that i will inform the Club of any changes of these details

