

**Medical consent form**

Status (Please tick) MrMrs Ms Other

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:..................................................................................