**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: | Name: |
| Emergency Contact Number: | Emergency Contact Number: |
| **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 received medical attention.**Signed:****Print Name:****Date:** |