**Horsforth St Margaret’s JFC Medical Consent Form**

****

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Status (Please tick) | Mr |  | Mrs |  | Ms |  | Other |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s First Name: |  | Child’s Surname: |  |
| Emergency Telephone No. 1: |  | Emergency Telephone No. 2: |  |
| Child’s Date of Birth: |  |
| Parental Email Address: |  |

|  |  |
| --- | --- |
| Medical Conditions or Allergies |  |
| **Parental Consent:**In the event that my 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 Name:****Date:** |

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers.

|  |  |
| --- | --- |
| Name: | Emergency Contact Number: |
|  |  |
| Name: | Emergency Contact Number: |
|  |  |