



Medical Consent/Contact Form

Players Full Name _____

Address _____

Postcode _____ Mother's Maiden Name _____

Date of Birth _____ Mobile Number _____

E-mail _____

School Attended (Including Full Postal Address) _____

Emergency Contact Name and Telephone Number

The details of the emergency contact will **ONLY** be used if contact cannot be made with a parent or guardian, in a medical emergency. The following **MUST** be a relative or trusted friend only!

Name _____ Tel No.(s) _____ / _____

Medical History

Is the player allergic to any substance that may be administered by a qualified person (Doctor/Nurse) in a medical emergency (i.e. Anadin, Penicillin, Tetanus)? **YES/NO (please delete)**

If YES, please give details _____

Have you supplied the Manager with the correct medication? (e.g. inhaler) **YES/NO (please delete)**
(Must only be administered by a parent or guardian)

Name and Address of Player's Doctor

I agree that in the event of a medical emergency the above details can be made known to a qualified medical person. I also agree that in the event of an injury or illness, occurring whilst the player is in the care of FC Strikerz, that I authorize Club Officials, Managers, Coaches and any other individual directly or indirectly involved with FC Strikerz, who have received the appropriate training (i.e. Emergency First Aid), to assist the above registered player with that injury or illness.

Parent or Guardian Full Name _____ Signature _____

Address _____ Post Code _____

Tel No.(s) _____ / _____ E-mail _____

I agree to abide by any details of aims set out in the clubs codes of conduct and child protection policy.

Parent or Guardian Signature _____ Date _____