

The FA Charter Standard Club Programme Medical Consent Form



Football Club

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 _____