



CHARTER STANDARD
COMMUNITY CLUB

PARENTAL NOTIFICATION OF ILLNESS AND MEDICAL CONSENT FORM



Parental Declaration:

Players name here

I hereby give consent for my son/daughter,.....
to participate in organized football sessions and to travel to and from venues in both the UK
and Europe in special circumstances. I also give my permission for him/her to receive
attention in the case of an injury or other medical emergency, by an official of Pelsall Villa
Colts F.C. who is qualified to apply First Aid treatment, should this become necessary.

I am aware that photographic images and video footage may be obtained and used for
the purposes of publicity, evaluation, or for publication in the press or on the Club website
and I give my consent for the use of such media.

Players Name DOB

Address of Parent/Guardian.....

Delete as appropriate

..... Postcode:

Email Tel:

Relationship

Emergency Contact 1..... Tel:

Relationship

Emergency Contact 2..... Tel:

Parent/Guardian (SIGN & PRINT)

Delete as appropriate

Medical Questionnaire

Please tick if your child suffers with any of the following:

Tuberculosis [] Asthma or Bronchitis [] Heart Condition [] Fainting or Vertigo []

Bladder or Kidney Dysfunction [] Hay Fever [] Severe Headaches [] Diabetes []

Epilepsy [] Eczema (Skin Disease) [] Impaired Eyesight [] Impaired Hearing []

Please disclose any known Allergies with which your child suffers:

.....

Please disclose if your child is presently under any Medication or Treatment:

.....

Has your child recently received a Tetanus Vaccination? Yes [] No []

Please disclose any other Illness or Condition with which your child suffers:

.....

PLEASE NOTE: FAILURE TO DISCLOSE KNOWN MEDICAL CONDITIONS COULD RESULT IN THE ADMINISTRATION OF INCORRECT TREATMENT.

Data Protection Act 1998: All information disclosed in this form is for the purposes of Parental Consent and for matters of Health & Safety and will not be disclosed to any third party other than in the case of a Medical Emergency.