



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.

I hereby give consent for my son/daughter to participate in football training and matches as a member of **Pelsall Villa Colts FC** during the Covid-19 pandemic. Yes [  ] No [  ]

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.