



## MEDICAL AND CONSENT DETAILS FOR SEASON 2020/2021

### PLAYER DETAILS:

Player Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Team registered to for 2020/21: \_\_\_\_\_

Team Manager: \_\_\_\_\_

### MEDICAL CONDITIONS:

State any conditions that your daughter may have suffered, or is suffering from that we should know about:

\_\_\_\_\_

\_\_\_\_\_

Is your daughter allergic to plasters: YES / NO

Does your daughter take any medication on a daily basis: YES / NO

If "YES", please give details: \_\_\_\_\_



**EMERGENCY CONTACT DETAILS:**

Name(s): \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to player: \_\_\_\_\_

In the event that the above named person cannot be reached, could you please supply two extra emergency names and numbers:

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

**PARENTAL CONSENT:**

In the event that my daughter is injured while playing football or travelling to and from football events, and that I cannot be contacted on the above numbers, I hereby give my consent for my daughter to receive medical attention

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Email Address: \_\_\_\_\_