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			
Emergen	cv 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	