



Website - www.inter-unionjfc.co.uk
 Email - admin@inter-unionjfc.co.uk

Medical Consent Form

This form should be completed by a parent/guardian before your child can participate in a club activity. One form should be completed for each child/young person.

Childs Details:

Name:		
Date Of Birth:		
Address:		
Post Code:		Phone No:

Contact Address (if different to above):		
Postcode:		Phone No:

Child's School:		
Name of Doctor:		
Doctor's Address:		
Doctor's Phone No:		
Child's Medical No:		

- Any specific medical conditions requiring medical treatment and/or medication?
Any allergies?

Yes If Yes, give details:

No

- Any contact with contagious or infectious diseases within the last four weeks?

Yes If Yes, give details:

No

- Please provide any special requirements:

- Parental Consent (to be signed for persons under 18 years)

I, _____ being parent/guardian of the above named child hereby give permission for the Team Manager to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Name: _____

Signature: _____
(consent by parent/guardian)

Date: _____

NB. Please note that a young person can give their own consent for medical treatment if they are over 16