

# 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 \_\_\_\_\_

Emergency 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 \_\_\_\_\_