PRIORY PARKSIDE COLTS F.C

CHARTER STANDARD CLUB

Emergency Medical Treatment Form

Child's Name_____

Date of Birth_____

Doctor's Name_____

Doctor's Address and Phone Number

_____

Any other relevant medical information (i.e. Allergies etc)

_____

_____

Parents Name_____

Address_____

_____

Emergency Contact Number_____

Second Emergency contact number_____

In the event that my child is involved in a serious incident while either training or playing, I hereby authorise the Manager or a delegated member of the team (Coach) to give medical treatment on my behalf.

I understand that this authorisation will remain valid unless I contact the Manager to withdraw it.

Signature of Parent_____

If you would prefer to treat your own child then we must insist that you attend every match in case any serious incidents occur.

23/03/2014