



PRIORY PARKSIDE COLTS F.C



CHARTER STANDARD
CLUB

2019/20

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.