



CHARTER STANDARD  
CLUB

## Emergency Medical Treatment Form – 2020/21

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.