



MB&GFC

Est. 1964



MEDICAL CONSENT FORM FOR SEASON 2008/09

Please complete in block capitals

In exceptional circumstances, it could be necessary for your son or daughter to receive emergency medical treatment as a result of training or playing accident when you are not present. This form provides your team manager with the consent necessary to authorise treatment recommended by medical authorities in attendance.

NAME OF PLAYER: _____

AGE GROUP (U10 etc) _____ BOYS GIRLS TEAM NAME (Colts/Aztecs/Blues etc) _____

DATE OF BIRTH(Day/Month/Year) (_____ / _____ / _____)

MANAGER'S NAME: _____

PLAYER'S ADDRESS: _____

_____ POST CODE _____

TELEPHONE: (_____) _____

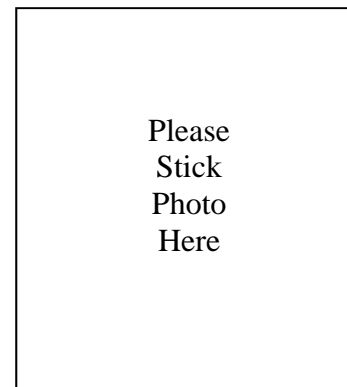
DOCTORS NAME: _____

MOBILE: _____

DOCTORS TEL: (_____) _____

ALTERNATIVE EMERGENCY CONTACT: _____

TELEPHONE: (_____) _____



Does your son or daughter suffer from any of the following?

Heart or respiratory problems, e.g. asthma YES / NO
If YES, please specify: _____

Any conditions requiring medication YES / NO
If YES, please specify: _____

Allergic reactions to any medication YES / NO
If YES, please specify: _____

Any other medical conditions we should be aware of? YES / NO
If YES, please specify: _____

I agree to my son/daughter receiving medication or emergency medical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signed by Parent/Guardian: _____

Date: _____

THIS FORM IS TO BE RETAINED BY THE TEAM MANAGER AND MUST BE TO HAND AT ALL CLUB MATCHES AND TRAINING SESSIONS. ALL INFORMATION ON THIS SHEET WILL BE TREATED WITH THE STRICTEST OF CONFIDENCE BY THE SAID MANAGER.