

Chiseldon Football Club

Player Medical & Consent Form



Player Name	
Date of Birth	
Player Allergies	
Player medical information and medication (e.g. Asthma – Salamol 200mcg inhaler)	
Parent / Guardian Name	
Home Number	
Mobile Number	
Email	

In the event that the above named person cannot be contacted, please give two emergency contact details:

Emergency Contact 1 Name	
Emergency Contact 1 Number	
Emergency Contact 2 Name	
Emergency Contact 2 Number	

In the event that the above named player is injured during a match, training or whilst travelling to and from football and I am unable to be contacted, I hereby give my consent for the above named player to receive medical attention.

Name	
Signed	
Date	