

Irlam Vale AFC

Club Registration and Medical Consent form 2011-2012



This form is to be completed by the legal carers. Legal carers are responsible for informing the club of any changes as they occur.

Please note that none of the information given below will be shared with any parties outside of the Club without prior permission.

The only exception being where medical treatment is required. In such cases, only the information relevant to your child's medical condition will be shared with those persons attending to your child.

Name of child	<p>I confirm that my son/daughter holds no outstanding commitments to any other Junior Football Club.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Images At times the club may wish to take photos or videos of the team or individuals in it. We adhere to FA Guidelines to ensure these are safe and respectful and used solely for the purposes they are intended for, which is promotion and celebration of the activities of the club and training purposes. Please indicate if this is acceptable to you?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Images may also be used on the Club/Team websites. Please indicate if this is acceptable to you?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Date of birth	
Home Address	
Home Telephone number	
Email Address	
Emergency contact details	
First Name Number	Second Name Number

Health Needs

It is important that you complete the rest of this form as fully as possible. Failure to do so could mean that the safety and welfare of your child is compromised.

The club cannot be held responsible if information has not been shared.

Health Needs

Does your child have any known Health needs? e.g. Diabetes, asthma, epilepsy, allergies?

Yes No

If Yes Please give Details:

Current Medication

NAME

DOSE: FREQUUNCEY:

What does the club need to do to keep your child well? e.g. Administer planned Medication/ call ambulance / give snacks? Please be specific

Consent by parent/guardian (to be signed for players under 18 years)

In the event that my son/daughter is injured whilst Training, playing football, travelling to and from football events, and I cannot be contacted on the above number,

I hereby give my consent for my child to receive medical attention.

Signed.....

Print.....

Date.....

Please note that a young person can give their own consent for medical treatment if they are over 16.