

Season:



Horsham Baptists & Ambassadors Football Club

Medical Consent Form

Full Name of Player: _____

Date of Birth: _____

Medical Details

GP's Name _____

Surgery: _____

Surgery Address: _____

Surgery Telephone No: _____

Is there anything about your or your child's health or wellbeing that you felt would be useful for us to know, for example Asthma or allergies.

- I consent to seeking of any medical advice or treatment during training and matches. Yes/No

- In case of first aid treatment, I consent to the use of plasters/gauze dressing and micropore tape/antiseptic wipes. Yes/No

- I consent to the application of sun creams if none has been supplied
by me. Yes/No

If you wish to supply sun cream or if your child has any medication that they have to take. Please give the items (s) to the teams coach or supporting coach with a completed medication administration form.

Signed: _____ Print Name: _____

Relationship to child if applicable: _____ Date: _____