



Exmouth Rugby Football Club

Medical Consent Form

2010 / 2011 Season

This form need to be completed by all Parents / Guardians of players Under 18 at Exmouth Rugby Club.

Childs Name:	Date of Birth:
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Parent / Guardians Name:	Mobile:
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Address:	Post Code:	
	Home Telephone:	
	Work Telephone:	

Secondary Emergency Contacts Name:	Mobile:
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Address:	Post Code:	
	Home Telephone:	
	Work Telephone:	

Childs Doctor:	Post Code:
Address:	Telephone:

Medical Details

Please indicate if your son/daughter has any medical conditions we should be made aware of. E.g. Asthma.

Should the necessity arise and I cannot be contacted on the above numbers, I agree to the person in charge giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment (including but not limited to blood transfusions and invasive surgery) to be given.

Signed: Date:

THIS FORM WILL BE COPIED AND HELD BY THE MEMBERSHIP SECRETARY AND THE LEAD COACH / TEAM MANGER OF YOUR SON/DAUGHTERS TEAM IN CASE OF EMERGENCIES.