



WALSALL FC TALENTED & GIFTED
MEDICAL CONSENT FORM



I (Parent/Guardian’s name).....give consent to Walsall FC T&G Coaches and/or Physio’s to administer first aid, and transport to hospital if needed, and give permission to the hospital to perform emergency surgery/procedures if a consenting parent cannot be contacted, to:-

(Players Name).....

Players age group and Centre.....

Emergency contact name

Telephone number.....

Alternative Emergency contact name

Telephone number.....

Alternative Emergency contact name

Telephone number.....

Parent/Guardian signature.....