

PLEASE COMPLETE IN BLOCK CAPITALS

PARENTAL CONSENT FOR FOOTBALL ACTIVITIES

FOOTBALL ORGANISATION: HOWDEN AFC

1. Details of football activity: Football training and organised matches

From: Saturday 09:30 to Saturday 12:00 ¹

From: Sunday 09:30 to Sunday 12:30 ¹

I agree to _____ (name)

taking part in these activities.

I agree to his / her participation in the activities described.

I acknowledge the need for him / her to behave responsibly.

2. Medical information about your child

a. Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give brief details:

b. Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary.

b. Is your son/daughter allergic to any medication? YES/NO

If YES, please specify:

c. When did your son/daughter last have a tetanus injection?

I will inform the person in charge as soon as possible of any changes in the medical or other circumstances between now and the commencement of the activity.

¹ These times are for guidance only and may be subject to change to cater for changing kick-off times and away fixtures

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3. Declaration

In the event that none of the appointed contacts are available, **I agree / do not agree** to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

Photographs: We occasionally have photos taken of the teams in action or as a group photo. These pictures are often posted on the web site or in local papers. Please indicate below if you do not wish images of your child to be shown published. Note we will not include names with any photograph.

I do / do not agree² to my child's photo being posted on the web site or published in the press

Emergency contact: _____

Contact telephone numbers (inc national codes):

Work: _____ Work Mobile: _____

Home: _____ Home Mobile: _____

Home Address: _____

Alternative emergency contact: _____

Work: _____ Work Mobile: _____

Home: _____ Home Mobile: _____

Address: _____

Name of family doctor: _____ Telephone No: _____

Address: _____

Signed: _____ Date: _____

Full name (capitals): _____

**THIS FORM OR A COPY MUST BE TAKEN BY THE PERSON IN CHARGE TO THE ACTIVITY.
A COPY SHOULD BE RETAINED BY THE SECRETARY OF THE ORGANISATION**

² Please delete as appropriate