

MEDICAL CONSENT FORM

In order that your child may participate in the Football League Kids Cup, it is essential that you complete and return this form to the team manager, supplying relevant information and your consent as parent/guardian.

- By consenting to this I am stating that my child is in good health and that she is not participating contrary to medical advice.
- In the unlikely event of an accident occurring, I give my permission for a designated representative either teacher / Community Officer or member of The Football League to authorise emergency medical treatment, including the use of anaesthetic if deemed necessary.
- A separate page is attached for the use of photographs/digital images

Child's name Date of birth

Name of parent/guardian: Relationship to child:

Address:

Emergency contact telephone no.: Mobile tel:

Please provide a second emergency contact name and telephone number:

Name Relationship to child Tel. no:

Please note: It is essential that we are able to contact one of these two numbers in the event of an emergency.

If your child has any medical conditions that may need to be taken into account, please give details below. The following information will assist the party leaders in caring for your child.

Special dietary needs:

Does your child suffer from: Asthma Hayfever Diabetes Epilepsy Nut Allergy

Any other allergies (e.g. penicillin/nuts/anaesthetic)

Please add any other relevant information

Will your child carry any required medication with them throughout the competition YES / NO
please specify

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I consent to my child participating in the Football League Kids Cup competition.

Signature: **Date:**

Please write your name in full

PLEASE RETURN TO MILLWALL COMMUNITY TRUST VIA YOUR SCHOOL