



Weston Point JFC Emergency & Medical Consent Form

Childs Name: _____

In the event of illness or accident requiring emergency hospital treatment, I authorise the team manager or assistant to sign on my behalf any written form of consent required by the hospital authorities if the delay required to obtain my own signature is considered inadvisable by the doctor or surgeon concerned.

* He/She has/has not any known allergies/sensitivities e.g. penicillin, asthma etc.

If He/She has, please give full details of precautions and or remedies:

* He/She has/has not been immunised against tetanus within the last three years.

* His/Her National Health Service Number is:

Name and address of family doctor:

Tel _____

Emergency contact numbers:

Home: _____

Work: _____

Mobile: _____

Other: _____

Signature: _____ (*Parent/Guardian) Date: _____

*** DELETE AS APPLICABLE.**

Please note that this consent form is only precautionary and is issued with the best intentions for your sons/daughter's health and well-being.