

# **AFC WORTHING YOUTH/DIVA'S**

## **MEDICAL CONSENT FORM**



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#### **MEDICAL CONSENT FORM**

Status (Please tick) Mr      Mrs      Ms      Other

First Name \_\_\_\_\_

Surname \_\_\_\_\_

Emergency Telephone No \_\_\_\_\_

Mobile No \_\_\_\_\_

E-mail \_\_\_\_\_

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers

Name \_\_\_\_\_

Emergency Contact No \_\_\_\_\_

Name \_\_\_\_\_

Emergency Contact No \_\_\_\_\_

#### Parental Consent

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.

Signed \_\_\_\_\_

Print \_\_\_\_\_

Date \_\_\_\_\_

**Please return to :**

**Tony Puglia**  
**26 Willow Crescent**  
**Worthing**  
**West Sussex**  
**BN13 2SU**