TIBS FC
Medical Consent Form

Players Name								
Status of Form Completer (please tick)	**Mr**		**Mrs**		**Ms**		**Other**	
First Name:	**Surname:**							
Emergency Tel No:	**Mobile No:**							
Email Address:								
In the event that the above-named person cannot be reached, please supply two additional emergency contact names & numbers								
Name:	**Name**							
Emergency Tel No:	**Emergency Tel No:**							
Please list any medical conditions / allergies etc that we need to be aware of?								
Parental Consent: **In the event that my son / daughter is injured whilst playing football / training / travelling to and from football events and I cannot be reached on the above number I hereby give my consent for my child to receive medical attention:** **SIGNED:** **PRINT NAME:** **DATE:**								