

Durham Football Club

Contact Details and Medical Consent Form 2020



Parent/Carer Details

First Name:	Surname:
Mobile Number:	Home Number:
Email Address:	

Child Details

First Name:	Surname:
Home Address and Postcode:	
Date of Birth:	Current School Year:

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

Name:	Contact Number:	Name:	Contact Number:
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Medical Details

Please indicate if your child has any medical conditions that we should be aware of e.g. Asthma or allergies. Please be aware that if your child suffers from asthma and has a prescribed inhaler, there should be one available at all training sessions and matches. FA guidelines suggest that they shouldn't play if an inhaler isn't available.

Parental Consent

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

I agree to be bound by and to observe the Club Rules and The Rules and Regulations of the English FA and County Durham FA and all competitions in which the club participates.

Type Name:	Date:
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Type Name:	Date:
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