

ST. ALBANS CITY YOUTH F.C.

Affiliated to:
Hertfordshire County F.A.

PARENTAL CONSENT FORM

For off-site trips and activities – which differ from training sessions and matches.

Child's name: _____

Date of Birth: _____

Child's mobile number _____ (For use by leader in case of an emergency)

Medical information about your child

Does your child have any conditions requiring medical treatment, including medication?

YES / NO

If YES, please give brief details:

Please outline any special dietary requirements of your child and the type of pain/flu relief medication your child may be given if necessary:

Does your child have any allergies, including allergies to medication? YES / NO (If YES, please give details)

When was the last time your child received a tetanus injection? _____

PARENTAL CONSENT FOR CLUB TRIPS AND ACTIVITIES

Declaration

I agree to my child taking part in school visits and to their participation in the activities described in the information sheets which I will receive for each visit. I understand that I may withdraw this consent at any time or for any visit. I have read the Code of Conduct with my child and we have discussed the need for him/her to behave responsibly. If my child has been in contact with any contagious or infectious diseases or suffered from anything that may be contagious or infectious in the four weeks prior to a visit, I will inform the club. I agree to my child receiving medication as instructed and any urgent dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

F.A. CHARTER STANDARD COMMUNITY CLUB



Web Site www.cityyouthfc.com e-mail info@cityyouthfc.com
Registered Charity No. 1089343

I will inform the Group Leader for any visit as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Signed: _____ Date: _____

Full name: _____

Contact telephone numbers:

Work: _____ Home: _____

Home address:

If I am not available at the above, please contact:

Name: _____ Phone: _____

Address: _____

Name & address of family doctor:

Name: _____ Phone: _____

Address: _____

THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON EACH VISIT. A COPY SHOULD BE RETAINED BY THE CLUB CONTACTS.

F.A. CHARTER STANDARD COMMUNITY CLUB



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