

MEDICAL TREATMENT AUTHORISATION FOR YOUTH PLAYERS 2023-2024

Parents / guardians must complete a copy of this form for each player.

Completed forms must be returned on registration weekend or to the manager of the player's age group.

Emergency contact details for parents/ guardian:

Surname		
Forename(s)		
Home phone		
Mobile		
Email		

Details of players

Surname:	
Forename(s):	
DOB:	
<p><i>Your child will be engaging in rigorous sporting activity in a group setting. It is important that our coaches are aware of any medical conditions, behavioural issues or learning needs your child has which coaches may have to deal with during the coaching sessions or matches.</i></p>	
Medical Conditions and whether medication is required e.g. inhaler:	
Known Allergies and whether medication is required e.g. epipen :	
Behavioural issues or Learning needs and any guidance beneficial to our coaches:	
GP Name and contact details:	

In completing this form I consent to appropriate medical treatment, including the administration of prescription medication, being given to the player in the absence of their parent/guardian(s)

Signature _____ Date _____