



Medical Consent Form Status

(Please Circle): Mr Mrs Ms Other _____

First Name: _____

Last Name: _____

Relationship to Player: _____

(Parent/ Guardian) Emergency Telephone No: _____

Cell 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/ Guardian Consent

In the event that my son/ daughter is injured whilst playing soccer/ travelling to and from soccer 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: _____