

Chigwell FC Medical Declaration & Consent Form

<u>Players</u> Full Name	
<u>Players</u> Address	
<u>Players</u> DOB	
<u>Parent/Carer</u> Details Name, Mobile & Address (if different)	
<u>Parent/Carer</u> Details Name, Mobile & Address (if different)	
Contact Email	
Emergency Contact 1	
Emergency Contact 2 (NOT A PARENT)	
Name of Doctor	
Surgery Address	
Medical Conditions, Allergies, Previous Illnesses or Operations	
Medication Taken	

If you or any members of your family have symptoms of COVID19 or tested positive you must inform your coach or manager immediately.

In the event that my son/daughter is injured whilst playing football/travelling to or from football 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.....

* Please Note – It is your responsibility as Parent, Guardian or Carer to report any changes to your child’s health or wellbeing to the management team immediately they are diagnosed.
Please also remember to update all contact details throughout the season.