



Player Medical Details

Please print all details

To all Parent/Guardians/Carers. This form has been produced within the guidelines of the FA Charter Standard and with the recommendation of the FA First Aid Policy. All information contained on this form will be treated with the utmost confidence, and whilst there is no obligation for you to fill in this form, your compliance could save valuable time in the treatment/care of your child in case of emergency.			
Does Your Child Have Any Medical Conditions? – YES/NO (Asthma, Hay Fever, etc.)			
If Yes, Please List:			
Is Your Child On Any Medication? – YES/NO			
If Yes, Please List:			
Does Your Child Have Any Food/Drink Allergies? – YES/NO (Eggs, Nuts, etc.)			
If Yes, Please List:			
Does Your Child Have Any Skin Allergies? – YES/NO (Plaster Rashes, etc.)			
If Yes, Please List:			
Is Your Child Allergic To Any Medication? – YES/NO			
If Yes, Please List:			
Parental/Guardian/Carer Consent Details			
In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attending.			
Signed:			
Print:			

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