**Player Medical Details**

Please print all details

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| **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? – Click here to enter text. | | | |
| If Yes, Please List: Click here to enter text. | | | |
| Click here to enter text. | | | |
| Is Your Child On Any Medication? – Click here to enter text. | | | |
| If Yes, Please List: Click here to enter text. | | | |
| Click here to enter text. | | | |
| Does Your Child Have Any Food/Drink Allergies? – Click here to enter text. | | | |
| If Yes, Please List: Click here to enter text. | | | |
| Click here to enter text. | | | |
| Does Your Child Have Any Skin Allergies? – Click here to enter text. | | | |
| If Yes, Please List: Click here to enter text. | | | |
| Click here to enter text. | | | |
| Is Your Child Allergic To Any Medication? – Click here to enter text. | | | |
| If Yes, Please List: Click here to enter text. | | | |
| Click here to enter text. | | | |
|  | | | |
| Name Of Child: | Click here to enter text. | Date: | Click here to enter a date. |
| Name of Parent, Guardian, Carer: | Click here to enter text. | Signed: | Click here to enter text. |
| Any Specific Instructions In Case Of Emergencies? Click here to enter text. | | | |
| Click here to enter text. | | | |
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| **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: | Click here to enter text. | | |
| Print: | Click here to enter text. | | |
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