

Darlington Young Bulls FC: Policies & Procedures

MEDICAL & PARENTAL CONSENT FORM



Player Name:	
Date of Birth:	
Address:	
Postcode:	

Primary Contact Details:

Name:	
Relationship to Child:	
Date of Birth:	
Mobile Number:	
Email Address:	
Home Address:	

If the above person cannot be contacted, please provide us with a second contact:

Name:	
Relationship to Child:	
Mobile Number:	

Photographic Consent: *(Please delete as appropriate)*

I DO/DO NOT consent for the named child to appear in photographs and film footage taken by Darlington Young Bulls FC and opposing teams during matches and club events. These are to be used on the Club website and social media.

Medical Details: Does your child have any medical conditions that we should be aware of? (E.g.: Asthma, Allergies, Dietary Requirements, Epilepsy, Heart Conditions)

NOTE: Your child **MUST** bring any medication they require, including EpiPen's and inhalers, and be able to access it during all activities scheduled.

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I can confirm that if any of the information given on this form should change (Address, Numbers & Medical conditions) then I will inform my child's team manager immediately.

Parent/Carer Name:	
Parent/Carer Signature:	
Date:	