



## GLENIFFER THISTLE

**\*\* THIS FORM MUST BE COMPLETED & RETURNED \*\***

### **Parental Consent and Players Medical Form**



#### **SECTION A MEDICAL DETAILS**

1. I wish my child \_\_\_\_\_ to participate with Gleniffer Thistle.
2. Players place of birth \_\_\_\_\_
3. Players date of birth \_\_\_\_\_
4. My child **has / has not** had a tetanus jag in the last three years.
5. Has your child had an operation in the last 5 years **Yes/No.** ( if yes please give details )
6. Has your child had any adverse reaction to any anaesthetic **Yes/No** (if yes please give details)
7. My child suffers from \_\_\_\_\_ and requires medical treatment on a regular basis. If none state none, if yes please give details.
8. I **do/do not** consent to any emergency medical/ surgical/dental treatment which my child may require during the course of the football season.
9. I confirm that my child **is / is not** allergic to penicillin.
10. Any other allergies, notes or special diet, medicines to be taken : \_\_\_\_\_

#### **SECTION B EMERGENCY CONTACT DETAILS**

**Players Address** \_\_\_\_\_

\_\_\_\_\_

**Parents contact phone numbers :**

Mother mobile \_\_\_\_\_

Father mobile \_\_\_\_\_

House phone \_\_\_\_\_

It is understood that Gleniffer Thistle, and its leaders, cannot be held liable for any personal loss or injury which the above player may sustain whilst attending any football activity.

**Parents signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Other contact, relative or friend (not staying at the same address)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number 1 \_\_\_\_\_, 2. \_\_\_\_\_

**Players, Doctors name:** \_\_\_\_\_

**Doctors surgery address** \_\_\_\_\_

\_\_\_\_\_

**Players NHS medical Number** \_\_\_\_\_

**Doctors telephone number** \_\_\_\_\_

### **WEB SITE / SOCIAL MEDIA / PRESS & PARENTAL CONSENT**

1. **I give / do not give** my consent for my child's photograph to appear on the Gleniffer Thistle web site and social media sites.
2. **I give / do not give** my consent for my child's name to appear on the Gleniffer Thistle web site and social media sites.
3. **I give / do not give** my consent for my child's name to appear in the local & national newspapers.
4. **I give / do not give** my consent for my child's photograph to appear in the local & national newspapers.
5. **I give / do not give** my consent to any swimming activities that the age group may be involved in. i.e. trips, sponsored events or holidays etc.
6. **I give / do not give** my permission for my child to be transported to and from Gleniffer Thistle activities by a Gleniffer Thistle official or another parent.

**Parents Name** \_\_\_\_\_

**Parents Address** \_\_\_\_\_

\_\_\_\_\_

**Post Code** \_\_\_\_\_

**Parents signature** \_\_\_\_\_

**Date** \_\_\_\_\_