 

**PLAYERS MEDICAL / EMERGENCY CONTACT DETAILS & PHOTOGRAPHY CONSENT FORM**

**SEASON 2024/2025**

**Note: All information provided on this form will be treated as confidential and used solely by Bideford Blues & Appledore Junior FC**

Player’s Name: ……………………………………… Age Group: ……………

Team Name: ………………………………………… Coach: ……..………….

**CONTACT NUMBERS Home : …………………………… Work : …………………………**

Mobile : …………….…………… E-mail address : ……………………………………………………

**EMERGENCY CONTACT NUMBER [if unable to be contacted on the above]**

Contact’s Name: ……………………………………………… Tel: …..…………………………………..

**DOCTOR’S DETAILS** Surgery: .…..……………….……………………………….

Dr’s Name: ……………………………………..… Tel: ……………….…………………………………

**MEDICAL HISTORY**

Known Allergies / Illnesses / Medication Required:

Injuries Received In Last 3 Years:

Any Other Information:

**In case of an accident or illness to the above player, do you give permission for the coach/first aider from Bideford Blues & Appledore Junior FC to act ‘in loco parentis’ if we are unable to contact you? e.g. giving permission for treatment at hospital if necessary.**

YES / NO

**I hereby give permission for my child to be photographed whilst involved in**

**activities related to this football club and to be included on the Club’s social media website**

**[please tick box]**

SIGNATURE OF

PARENT/GUARDIAN: …………………………………………………Date………………………………………..

Date received……………………….