

Parental Consent Form

Loanhead Miners Youth FC

I Being the Parent / Guardian of P	layer
Player	DOB
Hereby give my consent for the player to travel with on any authorised Club Activities as and when selected. I also give permission to the relevant official of to make such emergency decisions as necessary with regard to the treatment of any medical condition or injury received during any activity until such times as I can be contacted. I authorise them to sign any medical documents necessary for the emergency treatment of the player, should the need arise and I am unable to be contacted immediately. (Anaesthetics etc) Medical History of my child This will be kept confidential and only shown to medical staff should the need arise	
	Surgery Tel No
Allergies / Dietary Requirements	
Medicines the player will require	e to take with them s of Each Medicine to the Team Secretary / Coach before Event
to bathe or take part in any sw	wimming activities. My child is: a non-swimmer / swimmer who can swim a do not give permission, your child will not be allowed to take part in any
Signed	Date: Parent/Guardian
individual or team photographs,	use permission for my child to have his / her photograph taken as part of any and for these photographs to be used and reproduced by, in such a manner as rill be in line with any guidelines within SFA/SWF/SYFA Player Protection Policy
Signed	Date:
	e numbers, should there be no reply at home
Contact Name	Contact Number
Signed	Date: Parent/Guardian
Print Name	
Address	
Telephone / Mobile	

Players will not be allowed to take part in Club Activities without this consent form and returned to Peter Frame 07710461821 or Club Rooms 0131 448 2404 or email to Imyfc64@gmail.com