



# Marston Saints Football Club

Established 1967

www.msfc.org.uk

*"Oh When The Saints, Go Marching In..."*



## Junior Medical Emergency Consent

This form will be held by your child's **Team Manager** and be brought to all games, training and activities/functions involving the team.

### Medical Details

Child's Name:.....

Team Manager's Name:.....

Please List Any Medical Conditions That Your  
Team Manager/Coach Should Be Aware Of (e.g. Asthma/Allergies)

.....  
.....  
.....

Date Of Last Tetanus Injection:.....

### Emergency Contact Details

Name:.....

Contact No.:.....

Mobile No.:.....

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers. Please also give your doctors name and surgery address.

Name:.....

Doctors Name:.....

Contact No.:.....

Surgery Address:.....

Name:.....

.....

Contact No.:.....

.....

### Parental Consent

In the event that my son/daughter is injured whilst playing or travelling to and from football events and no contact can be made on the above numbers; I hereby give my consent for my child to receive the appropriate medical attention.

Name:.....(Parent/Guardian)

Signed:.....Date:.....



CHARTER STANDARD CLUBS

Since  
December 2004

Home Ground:  
Boults Lane, Old Marston, Oxford. OX3 0PW.

