

LIFFORD AFC MEDICAL CONSENT FORM

PARENT / GUARDIAN MEDICAL CONSENT FORM

NAME OF PLAYER	
ADDRESS	
DATE OF BIRTH	
PARENT.GUARDIAN CONTACT NUMBER	
ALTERNATIVE PARENT GUARDIAN CONTACT NUMBER	
CLUB	
ANY SPECIFIC MEDICAL REQUIREMENTS	

IN THE EVENT OF A MEDICAL EMERGENCY. I/ WE AUTHORISE LIFFORD AFC'S NOMINATED PERSONNEL TO CONSENT TO EMERGENCY MEDICAL TREATMENT AS MAY BE DEEMED NECESSARY ON APPROPRIATE MEDICAL ADVICE.

SIGNED (PARENT/GUARDIAN)	
PLEASE PRINT NAME	
DATE	
SIGNED(PARENT/GUARDIAN)	
PLEASE PRINT NAME	
DATE	