



**CHARTER STANDARD
COMMUNITY CLUB**

Swinton Football Club Medical & Photo Consent Form Season 2019/2020

Child's name: DOB:/...../.....

Address: Post Code:

Medical Information

Does your child suffer from any of the following? (Please tick where appropriate) Asthma
Heart Problems Epilepsy Hay Fever Diabetes Headaches/dizziness
ADHD **(Please ensure any medication needed is with your child at all times during the
training day E.g. asthma inhalers or insulin injections)**

Are there any other conditions such as Wellbeing or Mental Health issues which SFC coaches
or officials may need to be aware of or may require medical treatment?

Yes No (Please circle as appropriate) If Yes, please give details;

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Head Injuries or Concussion

Many of our children/Players participate in other sports such as Rugby, it is the duty of the
parent or carer to inform your manager or SFC Official if your son or daughter has received a
head injury or concussion whilst participating in other forms of sport outside of SFC.

SFC will not be held liable if you fail to inform your manager or an official at SFC of any head,
concussion or other injury your child has received prior to a training session or match.

Emergency Contact Details

Name: Relationship to child:

Address:

Telephone Home Mobile:

Alternative Emergency Contact

Name: Relationship to child:

Address:

Telephone Home Mobile:

Doctor

Name:

Address:

Telephone:

Photo Information

I give my consent to photographs being taken during sessions and games which my child will be participating in for use on the Swinton FC website or sharing with other team parents/carers.

Yes No (Please circle as appropriate)

In the Event of an Injury unable to make contact with Parent of Carer

In the event that my son/daughter is injured whilst playing football/travelling to and from football events and I or my Representative cannot be contacted on the above numbers, then **I hereby give my consent for the nominated Swinton FC Representative to ensure that my child receives the necessary medical attention.**

I can confirm that the information on this form is correct and I will inform SFC of any head injury or concussion my child has received prior to playing or training with SFC.

Signed Parent / Carer

Full Name (Please Print)

Date

Approved to sign and play to SFC by:

Name.....

Committee Position.....

Date.....