

**YOUTH SECTION
MEDICAL CONSENT FORM
SEASON 2009 / 2010**

1. Name of Player
2. Date of Birth /.... /....
3. Existing Medical / Injury Problems
.....
4. Medication taken on a regular basis

In the event of illness / injury which may require urgent medical treatment and the administering of anaesthetic (including but not limited to blood transfusions and invasive surgery), I agree to the following signing the necessary consent form required:

- any appointed Officer of the Youth Section
- any preliminary qualified RFU Coach
- any Coach of my son / daughters age group
- any other nominated adult whose full name I have printed below

.....

*** Please delete any of the above categories of person that you do not wish to sign*

Signed: Parent / Guardian

Address:

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

Telephone No. Home:

Mobile: