

**MAIDSTONE FOOTBALL CLUB  
YOUTH SECTION  
MEDICAL CONSENT FORM  
SEASON 2006 / 2007**

1. Name of Player .....

2. Date of Birth .... / .... / ....

3. Existing Medical / Injury Problems .....

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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

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

Signed: ..... Parent / Guardian

Address: .....

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Telephone No.          Home .....

Mobile .....