



# PETERBOROUGH CITY SOCCER ASSOCIATION

PETERBOROUGH  
**CITY**

## MEDICAL CONSENT FORM

July 2015

Status (Please Circle):      Mr                      Mrs                      Ms                      Other

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Player Name: \_\_\_\_\_ Team: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ (Parent/ Guardian)

Emergency Telephone No: \_\_\_\_\_

Cell No: \_\_\_\_\_

E-mail: \_\_\_\_\_

In the event that the above named person cannot be reached, please give two extra emergency contact names and numbers.

Name: \_\_\_\_\_

Emergency Contact No: \_\_\_\_\_

Name: \_\_\_\_\_

Emergency Contact No: \_\_\_\_\_

### Parental/ Guardian Consent

In the event that my son/ daughter is injured whilst playing soccer/ travelling to and from soccer events and I cannot be contacted on the above number, I hereby give my consent for my child to receive medical attention.

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Date: \_\_\_\_\_