



# *PETERBOROUGH CITY SOCCER ASSOCIATION*

## **MEDICAL CONSENT FORM**

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Status (Please Circle):        Mr                    Mrs                    Ms                    Other

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

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

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

Team: \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ (e.g. 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.

Signature: \_\_\_\_\_

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