



MAGIC FOOTBALL ACADEMY
Medical Consent Form

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(Player Name)

(Date of birth)

1st Contact

Name:.....

Surname:.....

Mobile No:

2nd Contact

Name:.....

Surname:.....

Mobile No.

Does your child have any medical conditions that we should know about? (such as asthma?) if yes, please describe:.....

.....

Parental Consent

In the event that my son/daughter is injured whilst playing football/ travelling to and from football 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:.....