

**FC London Academy Medical Consent Form**

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Status (Please Circle):    Mr                      Mrs                      Ms                      Other

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

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

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: \_\_\_\_\_

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