



FOUNDATION

www.cardiffcityfcfoundation.org.uk

Medical Consent Form

By consenting to this medical form I am stating my child is in good health and that he/she is not participating contrary to medical advice.

In the unlikely event of an accident occurring. I give my permission for a designated representative either teacher/Cardiff City FC Community Foundation member of staff to authorise emergency medical treatment.

Child's name: _____

Date of birth: _____

Name of Parent/guardian: _____

Relationship to child: _____

Address: _____

Emergency contact number: _____

Mobile telephone: _____

Please provide a second emergency contact name and telephone number

Name: _____

Relationship to child: _____

Telephone number: _____

Please note. It is essential we are able to contact one of these two numbers in the event of an emergency.

If your child has any medical conditions that may need to be taken into account, please give details below.

Medical conditions: _____

Allergies: _____

Disabilities: _____

Regular medication taken: _____

I consent to my child participating in the Premier League Primary Stars Tournament in partnership with Cardiff City FC Foundation and New Directions Education.

Signature: _____

Date: _____

Full Name: _____

Cardiff City FC Community Foundation Limited

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