



PLAYERS MEDICAL / EMERGENCY CONTACT DETAILS & PHOTOGRAPHY CONSENT FORM
SEASON 2024/2025

Note: All information provided on this form will be treated as confidential and used solely by Bideford Blues & Appledore Junior FC

Player's Name: Age Group:

Team Name: Coach:

CONTACT NUMBERS Home : Work :

Mobile : E-mail address :

EMERGENCY CONTACT NUMBER [if unable to be contacted on the above]

Contact's Name: Tel:

DOCTOR'S DETAILS Surgery:

Dr's Name: Tel:

MEDICAL HISTORY

Known Allergies / Illnesses / Medication Required:

Injuries Received In Last 3 Years:

Any Other Information:

In case of an accident or illness to the above player, do you give permission for the coach/first aider from Bideford Blues & Appledore Junior FC to act 'in loco parentis' if we are unable to contact you? e.g. giving permission for treatment at hospital if necessary.

YES / NO

I hereby give permission for my child to be photographed whilst involved in activities related to this football club and to be included on the Club's social media website [please tick box]

SIGNATURE OF PARENT/GUARDIAN:Date.....

Date received.....