**CONFIDENTIAL - ESFA MEDICAL INFORMATION & CONSENT FORM**

**2018 – 2019 SEASON**

The Council of the English Schools’ Football Association places great emphasis on the welfare of boys and girls in its charge. We therefore request that you complete this form in order that the person in charge of medical affairs has a comprehensive background of your son’s/daughter’s/ward’s medical history. **The player MUST be in possession of a signed version of this form on the day of the trial.**

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| Full Name of Player |  |
| Date of Birth |  |
| Address |  |
| Home Telephone Number(s) |  |
| **Parent/Guardian/Carer Emergency Telephone Number(s)** |  |

**MEDICAL HISTORY – *PLEASE COMPLETE REVERSE OF SHEET IF INJURY OF NOTE***

It would be helpful if you could give as much detail as possible in each of the following areas

|  |  |
| --- | --- |
| Medical Conditions andAssociated MedicationE.g. Diabetes, Asthma Epilepsy etc |  |
| Allergies E.g. Plasters, Penicillin,Antibiotics, Animals etc |  |
| Previous injuries to Bones, Joints, Muscles, Tendons etc. ***Highlight and detail overleaf please*** | **1.****2.** **3.** |
| Date of last Anti Tetanus injection |  |
| Any other medical information which may be of value |  |

## CONSENT

I give my consent for my son/daughter/ward to be allowed to partake in this event and if necessary, to receive any emergency or immediate medical treatment deemed necessary by a qualified practitioner. This consent also includes, in the event of an emergency and despite all reasonable attempts to contact me being made and such attempts being unsuccessful, to undertake a medical procedure, using anesthetic if required.

|  |
| --- |
| Name of Parent/Guardian/Carer |
| Signature  | Date |

