



## Medical

Doctors Name \_\_\_\_\_

Doctor's Tel. No. \_\_\_\_\_

Surgery Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does your child have any conditions requiring ongoing medical treatment, including medication? (e.g. Inhaler) Yes/No (If yes please give details.)

\_\_\_\_\_  
\_\_\_\_\_

Please outline any other special physical/medical/dietary requirements for your child (e.g. visual impairment).

\_\_\_\_\_  
\_\_\_\_\_

To the best of your knowledge is your child allergic to any medication? Yes/No (If yes please give details.)

\_\_\_\_\_  
\_\_\_\_\_

Date of child's last tetanus injection \_\_\_\_\_

Please ensure you are confident that the managers and coaches responsible for your child's team are fully aware of any relevant medical information relating to your child.

The team's manager will hold a copy of this form at all training sessions and matches.

## Consent

I agree that the information provided here is true (to the best of my knowledge) and that I will inform my team manager of any changes during the season.

I acknowledged that I am aware of the Lee Rangers Youth Football Club Constitution and Code Of Conduct (available at [www.leerangers.com](http://www.leerangers.com)) and confirm that my child and spectators accompanying my child will adhere to the contents of these documents.

I agree to my child receiving medical assistance from a qualified first aider (taking into account any special details listed above). I agree that, in my absence, in the event of an emergency my child may be transported to a hospital.

I understand the extent and limitations of the insurance cover provided.

I agree to pay the subscription fee of £130 (made up of a signing on payment of £25 plus seven payments of £15 over seven months). This fee is reduced to £125 if paid fully in advance.

I understand that my child will be issued with a Lee Rangers Football Kit, which will be returned at the end of the season. I may be asked to replace any lost or damaged items, unless the damage is due to fair wear and tear.

I consent to my child's photograph being used on the Lee Rangers Youth Football Club website or at presentations.

I understand that the information provided on this form may be electronically stored and will only be used for the Management of Lee Rangers Football Club, for contact or medical information only.

Name

Signed

Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_