

# Lowick United FC

## Parental Consent Form



Childs name .....

N.H.S. Number (if known) .....

Name of G.P. and Surgery .....

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.....  
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### Parent/Carer Details

Full Name .....

Emergency contact number .....

Alternative contact number .....

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### Medical Consent.

In the event the child named above gets injured or becomes ill while in the care of Lowick United FC, and I cannot be contacted immediately, I give consent for staff to administer first aid and to approve such medical treatment as is deemed necessary.

Chairman Anthony Hogg  
Secretary Bill Blyth  
Treasurer David Black  
Welfare Debra Jerdan

### Transport

I understand that arrangements for transporting my child to and from club activities is not the responsibility of Lowick United or any member of staff.

### Photography

**(put a line through this paragraph if you do not wish to give photographic consent)**

I give consent for my child to be included in pictures of club activity for the purpose of publicity, including publishing on the club website, on the understanding that all pictures will conform to child welfare guidelines issued by The Football Association.

5 South Berrington  
Ancroft  
Berwick-upon-Tweed  
Northumberland  
TD15 2TF

01289 387363  
07966 722679

admin@lowickunited.co.uk  
www.lowickunited.co.uk

### Code of Conduct

I have read and agree to abide by the club's code of conduct.

Signature .....

Date .....

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