

Lowick United FC

Parental Consent Form



Childs name

N.H.S. Number (if known)

Name of G.P. and Surgery

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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.

Grooms Cottage
North Berrington
Berwick-upon-Tweed
Northumberland
TD15 2TF

Code of Conduct

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

07966 722679
admin@lowickunited.co.uk
www.lowickunited.co.uk

Signature

Date

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