

Gullane Athletic Afc

PARENTAL CONSENT FORM

, being the Parent / Guardian of Player

D.O.B.

hereby give my consent for the player to travel with also give permission to the relevant official of the treatment of any medical condition or injury received during any activity until such times as I can be contacted. I authorise them to sign any medical documents necessary for the emergency treatment of the player should the need arise and I am unable to be contacted immediately. (Anesthetics etc.)

Medical History of my child (this will be kept confidential and only shown to medical staff should the need arise)

Medicines the player will require to take with them

PLAYERS SHOULD GIVE TWO SUPPLIES OF EACH MEDICINE TO THE SQUAD MANAGER BEFORE DEPARTURE

Swimming

I hereby GIVE / REFUSE PERMISSION for my Child to bathe or take part in any swimming activities. My child is: a non-swimmer / a swimmer who can swim a minimum of 25 meters. If you do not give permission, your child will not be allowed to take part in any swimming activity.

SIGNED PARENT/GUARDIAN.....

Photography

I give my permission for my child to have HIS/HER photograph taken as part of any individual or team photographs and for these photographs to be used and reproduced by **Gullane Athletic Afc** in such a manner, as they deem appropriate. Usage will be in line with any guidelines within the SYFA Player Protection Policy or policy of the Scottish Football Association.

SIGNED PARENT/GUARDIAN.....

Alternative Emergency telephone numbers should there be no reply at home.

Contact name	Contact Number (include STD Code)
SIGNED	PARENT/GUARDIAN
Print Name	
Address	

Players will not be allowed to take part in any Club Activities without this consent form being signed and returned to: -Gullane Athletic Afc, Club I.D. No 9935, Club Secretary, Duncan Stewart Thomas , Male , 11 Broadgait Court , Gullane , EH31 2DL. Tel: 07786965191