



# **MEDICAL CONSENT FORM**

**PLAYER NAME** \_\_\_\_\_

**CLUB** \_\_\_\_\_

**AGE CATEGORY**

**GENDER**

U13  U14  U15  U16  U17  U18

Male  Female

*It is the policy of this Association to notify a parent when a child is ill or needs medical attention. On occasion, a child may not be ill enough to go to an emergency centre, however, they may require non-prescription over-the-counter medication such as Advil, Tylenol, Gravol, Pepto-Bismol, Imodium, Claritin, etc. to relieve pain and/or discomfort. If we cannot contact the parents and we need to give the child relief from pain and/or discomfort that is not considered an emergency, our procedure would be to give the child the appropriate non-prescription over-the-counter medicine deemed necessary.*

\*Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to us immediately. We will take this consent with us to the emergency centre.

1. I hereby give consent for my child, \_\_\_\_\_ when ill to be taken to the nearest emergency centre by the Team Staff when I cannot be contacted.
2. I hereby give consent for my child, \_\_\_\_\_ to receive non-prescription over-the-counter medicine deemed necessary by the Coaching / Medical Staff when I cannot be contacted.
3. I hereby give consent for my child, \_\_\_\_\_ to receive medical treatments deemed medically necessary by the Emergency Centre.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**