Acton Ealing Whistlers Youth Football Club
Consent/Health/ Form

I am familiar with the nature of the activities/events organised by Acton Ealing Whistlers for young people and consent for the young person named overleaf to take part in all such events organised by the club.
to take part in all such events. In case of an emergency, in the event of an illness or any accident requiring emergency hospital treatment.
I authorise the medical or dental treatment necessary for the young person named overleaf.

Signed…….. Parent/Guardian Date ……..

Has the young person been in contact with any infectious illness in the last nine months. **YES / NO**

If yes please give details

Does the participant suffer from asthma, hat fever, migraine, fits or faints, or any other illness. **YES / NO**

If yes please give details

Is the participant allergic to anything (e.g. Antibiotics, Elastoplast, aspirin, or any other medicines, any particular food etc)? **YES / NO**

If yes please give details

Is the participant receiving long term medical treatment? **YES / NO**

If yes please give details of illness and treatment.

Date of last tetanus injection, if known

Name and address of Doctor

Doctors telephone number

Any additional information