Slimbridge
Football Club

U18 PLAYER MEDICAL FORM 2026 - 2027 Season

PLEASE COMPLETE IN BLOCK CAPITALS

Player's full name:	**Date of Birth:**
Address:	
Post Code:	
Home Telephone Number:	**Mobile Telephone Number:**
Email Address:	

Parent(s) or Guardian(s) details Please give details of all persons who have parental responsibility and anyone else you may wish to be contacted in an emergency. Place them in the order you wish them to be contacted.

Name:	**Address:**	**Telephone Number:**

Details of child's Doctor:		
Name:	**Address:**	**Telephone Number:**

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Does your child have any known medical problems?
If *yes* please list details below. For example: Asthma, Eczema, Epilepsy, Diabetes, Allergies etc.

Medication:
Please give full details below including: (use additional pages if required):

- Name of medication:
- Dosage:
- Frequency:

What does the Club need to do to help keep your child well e.g. administer planned medication/call ambulance/give snacks? Please be very specific.

Do Club members need any medical training other than First Aid to care for your child?
If *yes* please specify.

Does your child have any access needs?
If *yes* please tell us what we need to do to help him/her.

Does your child have any communication needs e.g. non-English speaker/hearing impairment/sign language user/dyslexia?
If *yes* please tell us what we need to do to enable him/her to communicate with us?

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Has your child had any serious injury or illness in the last three years? If *yes*, please give details:
Date as last hospital in-patient?
Which hospital?
Reason for hospital stay?

All of the above questions must be answered (if they are not applicable please state N/A) in order for your registration to be accepted. We need to know these things in order to keep your child safe and look after their welfare whilst under the supervision of the club.

Please supply any further information below you feel Slimbridge AFC team managers, coaches or Physio's need to know about relating to the health and / or well-being of your child:

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I consent to any emergency medical treatment necessary during the running of training and matches, etc.
I authorise the manager of my child's team to sign any form of consent required by the hospital authorities if the delay in getting my signature is considered by the doctor to endanger my child's health and safety.

☐ YES ☐ NO

Signed…….. Date……

Note: The medical profession takes the view that a parent's consent to medical treatment cannot be delegated. This view is explicit in the Children Act. 1989. Thus medical consent forms have no legal status and a doctor/nurse insisting on the consent of the parent to particular treatment has the right to do so. For this reason we do not recommend that managers insist on parents signing the above statement. At the same time, it can be a comfort to medical staff to have general consent in advance from parents or have the child's manager on hand to sign forms required by medical authorities.

The Team Manager/physio keeps this form and also ensures it's available on match days