



Parent/Guardian Medical Consent Form

Players Name:.....

Address:.....

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Date of Birth:.....

Contact Tel. Number of Parent/Guardian:.....

Alternative Tel Number:.....

Club:.....

Medical Information:

Any specific medical requirements?

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Allergies

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Medications

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In the event of the above named player requiring medical treatment, I/We authorise the **Limerick FC** (the **“Team”**) nominated team doctor to administer or consent to medical treatment and/or investigations as may be deemed necessary in their professional medical opinion.

I/We further acknowledge that an injury report shall be completed by the team doctor in relation to all injuries incurred by the above named Player whilst on duty with the Team and that such injury reports may be shared with other Departments within Limerick FC and other third-parties as required and I/we consent to the sharing of such injury reports.

Signed (Parent/Guardian):.....

Please print name:.....

Date:.....