



# NORTHEND UNITED YOUTH FOOTBALL CLUB Established 2003

## Northend United Youth FC Parental Consent Form NEUFC-PC01

(All information will be treated as strictly confidential)

Child's Name \_\_\_\_\_ Child's Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_ Email Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Mobile Number \_\_\_\_\_

**Is your child currently receiving any medication?** YES / NO

If yes please specify \_\_\_\_\_

**Does your child have any special dietary requirements?** YES / NO

If yes please specify \_\_\_\_\_

**Does your child suffer from diabetes?** YES / NO

**Does your child suffer from asthma?** YES / NO

**Is your child allergic to any medications or the application of sticking plasters?** YES / NO

If yes please list medication and symptom \_\_\_\_\_

**Does your child have any more health information that we should know about?** YES / NO

If yes please specify \_\_\_\_\_

**NOTE:** The club cannot provide any medicines or treatments to children in this case. It is important that you ensure that your child has the relevant medication with them when attending this event, clearly labelled with their name.

Should I not accompany my child to Club events I agree to remain contactable and I understand that if my child should require emergency treatment the Club will make every effort to contact me on the contact number(s) provided. If however I am not contactable on the number(s) provided I authorise the Club to consent on my behalf to my child undergoing such emergency treatment.

**I also confirm that I allow Northend United Youth FC to put photographs of my child/children on their website, Facebook page or in the newspapers.**

Signed: \_\_\_\_\_ Parent / Guardian Date: \_\_\_\_\_