



**WALSALL FC TALENTED & GIFTED**  
**MEDICAL CONSENT FORM**



I (Parent/Guardian’s name).....give consent to Walsall FC T&G Coaches and/or Physio’s to administer first aid, and transport to hospital if needed, and give permission to the hospital to perform emergency surgery/procedures if a consenting parent cannot be contacted, to:-

(Players Name).....

Players age group and Centre.....

Emergency contact name .....

Telephone number.....

Alternative Emergency contact name .....

Telephone number.....

Alternative Emergency contact name .....

Telephone number.....

Parent/Guardian signature.....