

## **Gullane Athletic Afc**

## PARENTAL CONSENT FORM

I,	being the Parent / Guardian of Player
	D.O.B
the treatment of any medical condition or injury received	Gullane Athletic Afc on any authorised Club Activities as and when selected. I during any activity until such times as I can be contacted. I authorise them to sign any medical be player should the need arise and I am unable to be contacted immediately. (Anesthetics etc.)
Medical History of my child (this will	be kept confidential and only shown to medical staff should the need arise)
Player's Doctor	Surgery Tel No
Allergies / Dietary requirements	
Medicines the player will require to take with them	
PLAYERS SHOULD GIVE TWO SUPPLIES O	OF EACH MEDICINE TO THE SQUAD MANAGER BEFORE DEPARTURE
Swimming	
1 here	eby GIVE / REFUSE PERMISSION for my Child to bathe or take part in any swimming who can swim a minimum of 25 meters. If you do not give permission, your child will y.
SIGNED	PARENT/GUARDIAN
to be used and reproduced by Gullane A	photograph taken as part of any individual or team photographs and for these photographs thletic Afc in such a manner, as they deem appropriate. Usage will be in line on Policy or policy of the Scottish Football Association.
SIGNED	PARENT/GUARDIAN
Alternative Emergency telephone numbers sh	nould there be no reply at home.
Contact name	Contact Number (include STD Code)
SIGNED	PARENT/GUARDIAN
Print Name	
Address	
	Tel No
Players will not be allowed to take part in any Club	Activities without this consent form being signed and returned to: - 7, Club Secretary, Mark Edward Lucas, Male, Rothamsted,