

Exeter City Football Club

Consent Form

First aid and Physiotherapy

I hereby consent that if.......................................................................(name of player) should receive any injury during matches or training, then treatment of that injury can be carried out by the appropriate Physiotherapy staff members of Exeter City Football Club.

At Exeter City Football Club, it is our preference for a legal parent or guardian to attend the booking of, and treatment appointment with the Physiotherapy team.

If an injury occurs during a match or training, I consent that .......................................... (name of player) maybe be treated in a private unlocked room with a member of the Physiotherapy team in a one on one situation.

I am not aware of any medical condition that precludes ............................................... (name of player) from any of the above.

**Sharing medical information with coaches and management**

I hereby consent that the Physiotherapy team at Exeter City Football Club may share relevant medical information regarding ....................................................... (name of player) with coaches and management during the 2017/2018 season. If at any stage I decide that this consent is withdrawn, I accept that I must notify the Physiotherapy team in writing.

Signature: .....................................................................................

Name in block capitals: .....................................................................................

Parent / Guardian of: .....................................................................................

Date: .....................................................................................