



# Burnley R.U.F.C.



## EMERGENCY TREATMENT CONSENT FORM

Players Name: ..... Date of Birth: .....

Players Address: .....  
.....  
.....

Home Phone: ..... Mobile Phone: .....

Emergency Contact No: ..... Name: .....

Doctors Name: ..... Surgery Phone: .....

Does your child suffer from any illness/allergies? .....  
.....

*I, the parent/guardian of .....*

*Understand that he/she attends Burnley RUFC Junior Section completely at their own risk and realise that Burnley RUFC or any of its agents cannot be held responsible for any accident or injury occurring during the training sessions or matches. If it becomes necessary for my son/daughter to receive medical treatment (including blood transfusions and anaesthetics) and I cannot be contacted by telephone or other reasonable means to authorize this, I hereby give my consent to any necessary medical treatment and authorize the representative of Burnley RUFC to sign any documents required by the medical authorities.*

Signed: ..... Parent/Guardian

Date: .....