

# SUFFOLK RUGBY

## Player Medical Details and Parental Consent Form

To be completed by each player's parent or guardian

### Player details

Surname.....First Name.....

Email .....

### Medical Details

I set out either below or on an attached note details of any medical conditions from which my son is suffering, together with details of any treatment and medications currently being taken.

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### Parental Consent

I agree to authorise the Head Coach or team manager of the squad to give consent on my behalf for treatment to be administered on the advice of a medical practitioner.

Signed

Parent/Guardian.....Date.....