



CONSENT FORM – Players between 13 and 18

This form should be completed by the young person supported by their parent/carer, where appropriate. Please complete this form at the start of every season and let us know as soon as possible if any of the details changes. All information will be treated with sensitivity, respect and will only be shared with those who need to know.

Young Person's Name:	Date of Birth:
Address:	
Post Code:	Tel No:

A. GENERAL & MEDICAL INFORMATION

Name of GP:	
Address:	
Post Code:	Tel No:

Please complete the following details. Please circle either Yes or No.

1. Do you have a disability that will affect your ability to take part in football?

Yes/No

If yes, please give details: _____

2. Do you have a medical condition that will affect your ability to take part in football?

Yes/No*

If yes, please give details:

3. Do you take any medication?

Yes/No

If yes, please give details: _____

4. Do you have any existing injuries?

Yes/No

If yes, please give details and include when injury sustained and treatment received:

5. Do you have any allergies, including allergies to medication?

Yes/No

If yes, please give details: _____

6. Is there any other relevant information which you would like us to know? (E.g. access rights, disabilities, etc) _____

SHARING INFORMATION WITH U18'S NAMED PERSON

Children and young people from birth to 18 and their parents will have access to a Named Person to help them get the support they need. A Named Person will normally be the health visitor for a pre-school child and a promoted teacher – such as a head teacher or guidance teacher – for a school age child.

U18s Named Person:	Tel No:
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TRANSPORTATION OF CHILDREN

The **Penicuik Athletic** will ask any person using a private vehicle to declare that they are properly licensed and insured and in the case of a person who cannot so declare they will not permit that individual to transport children and young people.

PHOTOGRAPHS AND PUBLICATIONS (INCLUDING WEBSITE)

You may be photographed or filmed when participating in football and this may be published.

CONTACT INFORMATION

The **Penicuik Athletic** may contact you from time to time via email, text or social networking site.

CONSENT – U18 PLAYER (Please circle either ‘I consent’ or ‘I do not consent’)

I consent / I do not consent* to the receiving medical treatment, including anaesthetic, which the medical professionals present consider necessary.

I consent / I do not consent* to the **Penicuik Athletic** sharing information with my Named Person as deemed appropriate if my wellbeing is impacted.

I consent / I do not consent to being transported by persons representing the **Penicuik Athletic** for the purposes of taking part in football.

I consent / I do not consent to my image being taken and used appropriately.

I consent / I do not consent to being contacted via email, text or social networking site for the purposes stated in the **Penicuik Athletic** Safeguards.

- i) *I undertake to inform the **Penicuik Athletic** should any of the information contained in this form change.*

U18's Signature: _____ Date: _____

U18s Email: _____ Mob No: _____

