



EXETER SARACENS RFC (JUNIOR SECTION)

Exhibition Fields
Summer Lane
Whipton
Exeter EX4 8NN

EXETER SARACENS RFC - MEDICAL CONSENT FORM

Please complete the below, providing as much detail as possible and return to your coach.

To: The Chairman
Exeter Saracens RFC

Player Name:	
Should the necessity arise, I agree to the person in charge giving consent on my behalf for an anaesthetic to be administered or for any other urgent medical treatment (including but not limited to blood transfusions and invasive surgery) to be given.	
Parent or Guardian Signature:	Date:
Address:	
Postcode:	Telephone
Mobile	
Emergency Contact 1:	Contact Number:
Emergency Contact 2:	Contact Number:

Medical conditions / allergies (Asthma, Epilepsy, and allergic to penicillin) Please give full details using separate sheet if necessary: (Completing this section is not obligatory but the RFU in the interests of child safety strongly recommend that you do so).