

Cliffoney/Grange Youth Soccer F.C.

AGREEMENT FOR MEDICAL TREATMENT

I hereby consent to _____ (Childs name)
Receiving medical treatment, if a doctor thinks it is required as an emergency and I
cannot be contacted following reasonable attempts to do so prior to such treatment being
administered.

Signed _____

Date _____

Relationship to child _____

Witnesses _____

This form should be signed by the parent

I am available to supervise at training in the event that only 1 adult from the sports leader
team is available.

Parents Signature _____