

CLUB VISITS, AWAY MATCHES AND TOURS YOUNG PERSON CONSENT FORM

Honourable Secretary
Old Patesians RFC
Everest Road
Leckhampton
Cheltenham
Gloucestershire
GL53 9LA



To the honourable secretary of the **OLD PATESIANS RFC**, we as
parent / guardian

of.....
Young Persons Name

consent that should the necessity arise I / we agree to
_____ (person in charge) giving consent on
my / our 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.

Signed.....
Parent / Guardian

Date.....

Signed.....
Player / Young Person

Date.....



Colours:
Magenta, White, Navy Hoops
CLUBHOUSE AND GROUND:
EVEREST ROAD, CHELTENHAM
GL53 9LA
(01242) 524633
www.old-pats.freeuk.com