



**EXETER SARACENS
RUGBY FOOTBALL CLUB**
Affiliated to the R.F.U. & the D.R.F.U.

Exhibition Fields
Summer Lane
Whipton
Exeter
Devon
EX4 8NN

**MEDICAL CONSENT FORM
2009/2010 SEASON**

The Chairman
Exeter Saracens RFC

Childs 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.

Signed: _____ Parent/Guardian

Date: _____

Address: _____

Telephone numbers:

Home: _____ Work: _____

Mobile: _____

Please advise of any existing relevant medical conditions:

**PLEASE RETURN THIS SIGNED FORM WITH YOUR COMPLETED REGISTRATION OR TO YOUR CHILD'S
AGE GROUP COACH**

COACHES: PLEASE RETAIN THIS FORM FOR YOUR RECORDS