



North Ribblesdale R.U.F.C.

Grove Park, Greenfoot, Settle, North. Yorkshire, BD24 9QR
www.northribblesdale.co.uk

NORTH RIBBLESDALE RUFC CONSENT FOR EMERGENCY TREATMENT FORM

Players Name:

Date of Birth:

Player address:
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Doctors Name:

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.....

Surgery Phone:

.....

NHS Number:

Home Phone:

Mobile Phone:

Emergency Contact No:

Name:

Does your child suffer from any illness/allergies?

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I, the parent/guardian of Understand that he/she attends North Ribblesdale RUFC Mini and Junior Section completely at their own risk and realize that North Ribblesdale RUFC or any of its agents cannot be held responsible for any accident or injury occurring during the training sessions or matches. If it becomes necessary for my son/daughter to receive medical treatment (including blood transfusions and anaesthetics) and I cannot be contacted by telephone or other reasonable means to authorize this, I hereby give my consent to any necessary medical treatment and authorize the representative of North Ribblesdale RUFC to sign any documents required by the medical authorities.

Signed: Parent/Guardian Date: