Knowle Football Club
Hampton Road
Knowle
SOLIHULL
B93 0NX

STRICTLY CONFIDENTAL

MEDICAL CONDITIONS, ALLERGIES & PARENTAL CONSENT SEASON 2025/26

Please complete for **all Under 18 players** and return **a paper copy** to your **Manager or Coach**. This information will be kept safe and is required in case of a **medical emergency**. This form must be **completed and signed** before the commencement of any football-related activities with Knowle FC.

Team Name		**Age Category**	
Player Name		**Parent / Carer Name**	
Player Date of Birth		**Parent / Career Mobile No.**	

Allergy / Medical Condition	Applicable	Additional Comments
Hay fever	YES/NO	
Asthma	YES/NO	
Diabetes	YES/NO	
Epilepsy	YES/NO	
Bee / wasp stings	YES/NO	
HIV	YES/NO	
Sticking plasters	YES/NO	
Non-alcoholic wipes	YES/NO	
Spray / locations (please specify)	YES/NO	
Penicillin	YES/NO	
Dietary requirements	YES/NO	
Any other known allergies / conditions	YES/NO	
Any medication required	YES/NO	
Other (please state)	YES/NO	
Anything else the Manager / Coaches need to know in order to keep my child safe and well during football related activities (please specify and use reverse of page / more pages if necessary)	YES/NO	

1. I confirm that to the best of my knowledge the above information is correct and I will inform the club of any changes or additions that arise.

2. I agree to my child receiving medication as directed and any emergency dental / medical or surgical treatment including anesthetic or blood transfusion, as considered necessary by any medical authorities present.

3. By signing this form I am confirming that I understand the activities being offered to my child and agree with the measures the club has put in place to manage any risks, including any **Covid measures** in line with relevant Government guidelines. I understand that if my child has any specific medical conditions or social, emotional or behavioural differences, I need to ensure that I have discussed these with Knowle FC and agreed the best way to support my child's needs, e.g. by staying nearby and / or taking responsibility for administering any medication.

Signed: _____ Date: _____/_____/_____
(Parent / Carer)