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Kelowna United Football Club ♦ #200-1415 Hunter Court ♦ Kelowna, B.C. ♦ V1X 6E6 ♦ Phone 250-801-1597 ♦ email [admin@kelownaunited.com](mailto:admin@kelownaunited.com)

## Consent Form – Medical Treatment (Team Travel)

Player's Name:

Care Card (PHN) #

It is the policy of Kelowna United Football Club to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for your child. Our procedure is to take the child to the nearest emergency medical service.

1. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to us immediately. We will take this consent with us to the emergency centre.

2. I hereby give consent for my child, \_\_\_\_\_ when injured or ill to be taken to the nearest emergency centre by the Team Staff when I cannot be contacted.

3. I hereby give consent for my child, \_\_\_\_\_ to receive medical treatments deemed medically necessary by the emergency centre.

4. The **Medical History/ Emergency Contact Form** must be filled out and attached to this **Consent Form**.

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Parent / Guardian Signature

Date

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Parent / Guardian Signature

Date

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