



CONSENT FORM

CLUB TRIPS / AWAY MATCHES / TOURS

The Hon Secretary

Camberley RFC

Club Visits, Away Matches and Tours

Squad

Child's
Name.....

Should the necessity arise I agree to the person in charge giving consent on my behalf for an anesthetic to be administered or for any other urgent medical treatment (including but not limited to blood transfusions and invasive surgery) to be given.

Signed..... Date :
(Parent/Guardian)

Season from to

Address

.....

.....

.....

Telephone No.....