

**Bellurgan United Football Club**

**Parent/Guardian Medical Consent Form**

Name of Child: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Contact Tel. Number: \_\_\_\_\_

Parent/Guardian Alternative Tel. Number: \_\_\_\_\_

Club: \_\_\_\_\_

**Medical Information:**

Any specific medical requirements?

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.....

Allergies

.....  
.....

Medications

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.....

In the event of a medical emergency, I/We \_\_\_\_\_  
authorise BellurganUtd to consent to emergency medical treatment as may be deemed necessary on  
appropriate professional medical advice.

Signed (Parent/Guardian): \_\_\_\_\_

Please print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Bellurgan United Football Club**

**Accident Report Form**

Name of person completing this form:

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Title/Role: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Accident Details:

Date & Time of Accident: \_\_\_\_\_

Venue: \_\_\_\_\_

Name of person/people involved in the accident: \_\_\_\_\_

\_\_\_\_\_

Full description of accident: (Please give details of any witnesses)

\_\_\_\_\_

\_\_\_\_\_

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Details of injuries:

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How did the accident occur?

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Any further comments:

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Witness/Witnesses

Please list name and contact details of all witnesses. Statements should be sought from all witnesses while the accident is still fresh in their minds.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bellurgan United Football Club**

**Incident Report Form**

Name of person completing this form:

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Title/Role: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Incident Details:

Date & Time of Incident: \_\_\_\_\_

Venue: \_\_\_\_\_

Name of person/people involved in the incident: \_\_\_\_\_

\_\_\_\_\_

Full description of incident: (Please give details of any witnesses)

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Any further comments:

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Witness/Witnesses

Please list name and contact details of all witnesses. Statements should be sought from all witnesses while the incident is still fresh in their minds.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Bellurgan United Football Club**

**Photograph, video, image & social media consent form**

Child's Name: \_\_\_\_\_

Bellurgan Utd FC will not permit personal details, photographs or videos of children to be taken without the consent of their parent/guardian.

If at any time the child or parent/guardian wishes their images or details to be removed from Bellurgan Utd social media pages, the Club Children's Officer can be contacted on [0830142184](tel:0830142184) [childrensofficerbufc@gmail.com](mailto:childrensofficerbufc@gmail.com). The images should be removed within 7 days.

To be completed by parent/guardian:

I consent to Bellurgan Utd FC using my child's image on social media, newspaper press release & other such publications for promotion purposes

Signed \_\_\_\_\_

I consent to Bellurgan Utd FC taking photographs or video of my child

Signed \_\_\_\_\_

Please print name here \_\_\_\_\_