



PRAGUE ENGLISH FOOTBALL SCHOOL

Name of child.....

Date of Birth..... Age.....

PARENT:

Name.....

Address.....

Tel. home.....

Tel. to work.....

E-mail.....

Mobile Phone.....

PARENT:

Name

Address (if different).....

Tel. home

Tel. To work

E-mail.....

Mobile Phone

Emergency Contact

Please give the names and contact details of someone other than yourself that we can contact in case of emergency.

1.Name.....

Tel.....

Address.....

2.Name.....

Tel.....

Address.....

Date:.....Parents signature.....



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Medical consent form

Surname:	
Forename(s):	
Date of birth:	
Nationality:	
Height:	
Weight:	
Blood group (if known):	

Parental consent

I/we (insert own name or names in block capitals below)

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give permission for my/our son/daughter (above named) to participate in Prague English Football School and the range of activities described. I understand that while the Football School leader is in charge and will take all reasonable care of my son/daughter, they cannot necessarily be held responsible for any loss, damage, or injury suffered by him/her arising during their time at Prague English Football School. I give consent for him/her to undergo medical examination and emergency medical treatment, to include blood transfusions and anaesthetics, which may be required. I confirm that the medical information completed overleaf is to the best of my / our knowledge correct. I also confirm that my child has health insurance.

Signed:		Date:
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Medical form

Doctor's name:		
Telephone	Code:	Number:

In all instances cross out the section which **does not** apply

Is the above named allergic to penicillin?	Yes/no
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Has he/she suffered from any of the following:
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Asthma or Bronchitis	Yes / No
Heart Condition	Yes / No
Fits, Fainting, Blackouts	Yes / No
Severe Headaches or Migraine	Yes / No
Diabetes	Yes / No
Allergies to known drugs	Yes / No
Any other allergies e.g. materials, food, medicine	Yes / No
Any other illness of disability not named	Yes / No
Does he suffer from travel sickness	Yes / No

If the answer to any of the above is YES, please detail below (or separately).
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Immunisation status

Is s/he currently vaccinated against tetanus Yes / No

Date of Injection (if known) _____ Date of Booster _____



**PRAGUE
ENGLISH
FOOTBALL
SCHOOL**

Is there any special diet or are there any foods which should be avoided because of religion, medical or other reasons? Please detail below:

Detail any course of medicine currently being followed:

Is there any other medical / personal information which you consider pertinent about which the school leader should know? Please provide written detail or contact personally.



PRAGUE ENGLISH FOOTBALL SCHOOL

Because we would like to keep you informed and make a documentation of practices and events at Prague English Football School, we regularly take pictures and videos. Do you agree for your child's picture/video to appear at www.pefs.cz, or on our Facebook page and in marketing material (children's names will not be mentioned)

Yes / No

Signed		Date
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I have read the term dates and have kept a copy for my records.

Signed		Date
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It is important that your child attends as many practices as possible, however if your child cannot attend for whatever reason please contact Sam on pefs@pefs.cz or 728902109

PLEASE RETURN THIS APPLICATION FORM TO
pefs@pefs.cz

Or to Sam in person