



**BCSPL Mandatory League
Consent to Travel and Medical Treatment Form**

Players Name: _____ Care Card #: _____

Parent or Legal Guardian name(s):

Travel Consent:

BFC teams travel via bus and/or ferry to Interior and Vancouver Island several times yearly to play League or Playoff games in the BC Soccer Premier League (BCSPL). As members of their BFC team, players may also travel to Tournaments or Team Functions presently not specified or identified. Allowing your child to attend is your implied consent for travel and participation. Players travel in the company and under the supervision of BFC personnel (Team Coach, Assistant Coach and Manager, as applicable).

As named parents or guardians (listed above) of the player (named above), I/we hereby consent to their travel to and participation in BCSPL games, Tournaments and other Team Functions.

Parent or Guardian Signature(s)

_Date

Medical Treatment Consent:

It is BFC policy to notify a parent as soon as possible when your child is ill or needs medical attention. Where possible, BFC and BCSPL will have first aid qualified personnel at games. In certain situations, we may be unable to contact a parent, and we must seek immediate help for your child. Our procedure is to call for emergency medical services and/or take your child to the nearest emergency medical facility.

On occasion, your child may not be ill enough to require emergency medical services; however, they may require non-prescription over-the-counter medication such as Advil, Tylenol, Gravol, Pepto-Bismol, Imodium, Claritin, etc., to relieve pain, motion sickness, diarrhea, seasonal allergies and/or other minor discomfort. If we cannot contact the parents and we need to relieve the child of these symptoms (when they are not associated with an emergency condition), our procedure would be to give your child the appropriate non-prescription over-the-counter medicine deemed necessary. Note any exceptions or drug allergies below.





I/we, as parents or guardians of the above named player, when I/we cannot be contacted by BFC personnel at the time, further authorize, direct and consent to BFC personnel to (1) seek emergency treatment for our child when seriously ill or injured; (2) permit any medical treatments deemed necessary by medical personnel with emergency medical services and/or at the emergency medical facility; and (3) administer appropriate non-prescription over-the-counter medicines to treat minor ailments—exceptions as noted below.

Parent or Guardian Signature(s)

Date

Drug Allergies and Exceptions to the Consents above:

[Empty box for drug allergies and exceptions]

