

CONSENT FOR MEDICAL TREATMENT FORM

Name of Minor: _____

I, **VOM CA NHUM**, coach of the **Chinese Taipei U-14 National Team** acknowledge that I will have on my possession during all games at the AFC Boys Festival of Football 2012 on **16- 29 April 2012**, medical release forms for each player registered on my team.

I acknowledge that the form is signed by the player's parent or legal guardian and includes waiver of liability clause and Consent for Medical Treatment similar below:

Release of Liability

Recognizing the possibility of injury associated in my son participation in this Festival of Football and in consideration with the Asian Football Confederation and its Host Association has accepted the above named player. I hereby release, discharge and/or otherwise indemnify the AFC, its host association and sponsors, their personnel against any claim by or on behalf of the player as a result of the player's participation.

Consent for Medical Treatment

As the parent or legal guardian of the above-named player, I request that in my absence my child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctor of Medicine or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and X-ray treatment of the above minor. I have not given a guarantee as to the results of examination or treatment.

We also acknowledge that the Host Association will only provide basic medical care. As such, hospitalization and other investigative procedure shall be settled between me (us) and the Member Association that he is representing.

Signature of Parents/Guardian

Date

Relationship to Minor

Player's Doctor/Family Physician (if any): _____

Player Pre-existing illness: _____

Medication: _____

Players' Drug/Food Allergies: _____

Immunization: DT _____ MMR _____ Polio _____

I hereby declare that the information provided above is true and correct.

Signature (General Secretary):

Member Association's Seal:

WANG, Sheau Shiun

Name (General Secretary):

Date: