

Chelsea Soccer Schools



By signing and returning this document, I hereby give permission for Chelsea Football Club staff to administer Epipen to _____ (full name of player) although I understand that they may not be qualified to do so and accept full responsibility.

Please return this completed form to Head Coach during registration on the first day of the course together with Epipen, clearly named. Failure to comply will result in player not being able to participate.

Parent (please print): _____

Signature of Parent: _____

Dated: _____