



**MFA Technical Centre  
Ta' Qali Training Grounds  
National Stadium – Ta' Qali ATD 4000  
Tel: 21411505, 21436969  
MFA Clinic 21411149, 21436057**

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## **Consent Form for Medical Examination and Treatment in case of emergency**

Name of Player	
Date of Birth	
Identity Card Number	
Name and surname of father/legal guardian	
Name and surname of mother/legal guardian	
Postal Address	
Mobile numbers and Home landline	
Allergies/ other medical conditions	

**Should a medical emergency arise and your son/daughter needs urgent care, if you cannot be reached to give your consent to treatment, such treatment will be delayed.**

Experience has taught us that sometimes situations may arise which require immediate medical attention. By means of this consent form I/we am/are giving my/our permission to the Central Technical Authority concerned to act without our consent and treat my/our child without delay. However, if such circumstances should occur, the Technical Centre must inform me/us as soon as possible. In addition, from time to time, it will be necessary for the medical sector of the MFA to conduct medical examinations on all the players who train at the Technical Centre.

I/we hereby grant my/our permission to the Medical Authorities of the MFA to provide any medical treatment my/our son/daughter may require in an emergency and also to carry out necessary medical tests from time to time and in situations where I/we am/are not present. It is my/our understanding that I/we will be informed as soon as possible.

\_\_\_\_\_  
Signature of Father/Legal Guardian

\_\_\_\_\_  
ID Card Number

\_\_\_\_\_  
Signature of Mother/Legal Guardian

\_\_\_\_\_  
ID Card Number

Date\_\_\_\_\_

**Applications open Monday 3<sup>rd</sup> January 2022 and will be accepted until Friday 21<sup>st</sup> January 2022. Send your application online to: [joe.mallia@mfa.com.mt](mailto:joe.mallia@mfa.com.mt)**