



## MEDICAL CONSENT FORM

This form should be completed by a parent/guardian before your child can participate in a club activity. One form should be completed for each child/young person.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Address (if diff to above):

\_\_\_\_\_

\_\_\_\_\_

Post Code: \_\_\_\_\_

Telephone Number (if diff to above): \_\_\_\_\_

School: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_

Doctor's Address:

\_\_\_\_\_

\_\_\_\_\_

Doctor's Telephone No: \_\_\_\_\_

Child's Medical Number: \_\_\_\_\_

**Any specific medical conditions requiring medical treatment and/or medication?**

Yes/No      If Yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**Any allergies?**

Yes/No      If Yes, give details: \_\_\_\_\_

**Any contact with contagious or infectious diseases within the last four weeks?**

Yes/No      If Yes, give details: \_\_\_\_\_

**Please provide any special dietary requirements and the type of pain/flu medication that may be given.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please provide details of any disability that you may suffer from including hearing, visual impairment etc.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parental Consent (to be signed for competitors under 18 years)**

I, \_\_\_\_\_ being parent/guardian of the above named child hereby give permission for the Team Manager to give the immediate necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my son/daughter's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.

Name: \_\_\_\_\_

Signature \_\_\_\_\_ (consent by parent/guardian)

Date \_\_\_\_\_

**NB. Please note that a young person can give their own consent for medical treatment if they are over 16.**