

MEDICAL CONSENT FORM

Personal Details

Name _____

Age _____

GP Contact details

Name of GP _____

Address _____

Postcode _____

GP Telephone _____

Medical Information

(a) Does your son/daughter have any allergies, including medications? Yes / No
If Yes please give details - severity, EpiPen information etc.

(b) Does your son/daughter have any illnesses, disabilities or injury relevant to this event/activity? Yes / No
If Yes please give details

(c) Is the participant currently taking medication? Yes / No
If Yes please give details, including reason for its use

Does the participant self-medicate? Yes / No

Medication: Please label young members' medication with their name and provide clear instructions for its use - whether or not they self-medicate, dosage etc.

Inhalers and EpiPens: Ensure a spare, clearly labelled inhaler or EpiPen is brought to the event, to be held by a first aider/coach/team manager

- (d) Is the participant currently receiving medical treatment? Yes / No
If Yes please give details including hospital name and address

- (e) Has your son/daughter received a tetanus injection in the last five years?
Yes / No

- (f) Please outline any special dietary requirements of your child:-

To the best of your knowledge, has your son/daughter been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be or become contagious or infectious? Yes / No

If YES, please give brief details

- (g) Please outline any special dietary requirements of your child

- (h) Is there any further information the event team should have regarding the participant's health and wellbeing

Emergency Contacts

Contact 1

Name _____
Address _____
Postcode _____
Home Telephone _____
Work Telephone _____

Contact 2

Name _____
Address _____
Postcode _____
Home Telephone _____
Work Telephone _____

Declaration

I, the parent/guardian of _____ agree to the above named participant being given any medications as noted above. I also agree to them receiving emergency medical, surgical or dental treatment, including anaesthetic, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided

Signed

(Parent or
Guardian)

Date: