



## 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 different to above): \_\_\_\_\_

Post Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Doctor's Address: \_\_\_\_\_

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

**Child's Medical Number or NHS Number:** \_\_\_\_\_

Any allergies?

If Yes, give details:

\_\_\_\_\_

\_\_\_\_\_

No

Any relevant medical condition / medication?

If Yes, give details:

\_\_\_\_\_

\_\_\_\_\_

No

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

\_\_\_\_\_

\_\_\_\_\_

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

I, \_\_\_\_\_ being parent/guardian of the above named child hereby give permission for the nominated Club Official/First Aider 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.

**Please complete in Block Capitals and include Mobile and Home telephone numbers**