

MEDICAL CONSENT FORM

Personal Details

Name _____

Age _____

GP Contact Details

Name of GP _____

GP Telephone _____

Address _____

Town/City _____

Postcode _____

Medication: Please label young members' medication with their name and provide clear instructions for its use - whether they self-medicate, dosage etc.

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

Medical Information	Yes/No	Additional Information
Does your son/daughter have any allergies, including medications? Yes / No If Yes please give details – severity, EpiPen information etc.		
Does your son/daughter have any illnesses, disabilities, or injury relevant to this event/activity? Yes / No If Yes please give details.		
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		
Is the participant currently receiving medical treatment? Yes / No If Yes please give details including hospital name and address.		

Has your son/daughter received a tetanus injection in the last five years? Yes / No.		
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.		
Please outline any special dietary requirements of your child.		
Is there any further information the event team should have regarding the participant's health and wellbeing.		

Emergency Contacts

Contact 1

Full Name _____ Address _____
Town/City _____ Postcode _____
Mobile Number _____ Home Number _____

Contact 2

Full Name _____ Address _____
Town/City _____ Postcode _____
Mobile Number _____ Home Number _____

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.