

21b. 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:

