



MEDICAL CONSENT FORM



I, the Parent/ Guardian of _____

Give permission to the medical personnel/ staff/ volunteers participating in activities during the period

Date: _____

To administer any relevant treatment or medication to the named participant, when/if necessary.

I shall inform the organising club of any known conditions and medication requirements.

In addition, if the case arises, I authorise the members of medical personnel/staff/volunteers to take my son/daughter to hospital and give full permission for any treatment required to be carried out in accordance with the hospital's diagnosis.

I understand that I shall be notified as soon as possible, of the hospital visit and any treatment given by the hospital.

Signature of Parent/ Guardian _____

Name (Print) _____

Relationship to Child _____

Emergency Contact Telephone Number _____