



Medical Consent Form

I, the Parent/ Guardian of

Give permission to the medical personnel/staff/volunteers participating in activities during the period
_____ (Date of Event)

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.

PARENT/GUARDIAN *consent

(Signature)

Name _____

(Please print)

Relationship to Child _____

Emergency Contact Telephone Number _____

*delete as applicable