

# Medical consent form

I, the parent / guardian \* of :

.....  
 .....

give permission to the instructors 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 body of any known conditions and medication requirements.

In addition, if the case arises, I authorise the members of staff 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's\* consent

.....  
**(signature)**

Name.....  
**(please print)**

Relationship to participant

.....  
*\*delete as applicable*

## MEDICAL / PHYSICAL CONDITION STATEMENT

Please give details of any medical or physical condition including allergies which we should be aware of

|                            |
|----------------------------|
| <b>Name of participant</b> |
| Medical Condition:         |
|                            |
|                            |
| Disabilities:              |
|                            |
|                            |
| Allergies:                 |
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|----------------------------|
| <b>Name of participant</b> |
| Medical Condition:         |
|                            |
|                            |
| Disabilities:              |
|                            |
|                            |
| Allergies:                 |
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|----------------------------|
| <b>Name of participant</b> |
| Medical Condition:         |
|                            |
|                            |
| Disabilities:              |
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| Allergies:                 |
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|----------------------------|
| <b>Name of participant</b> |
| Medical Condition:         |
|                            |
|                            |
| Disabilities:              |
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| Allergies:                 |
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|----------------------------|
| <b>Name of participant</b> |
| Medical Condition:         |
|                            |
|                            |
| Disabilities:              |
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|                            |
| Allergies:                 |
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|----------------------------|
| <b>Name of participant</b> |
| Medical Condition:         |
|                            |
|                            |
| Disabilities:              |
|                            |
|                            |
| Allergies:                 |
|                            |