

## 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

\_\_\_\_\_  
\_\_\_\_\_

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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

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(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

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(g) Please outline any special dietary requirements of your child

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(h) Is there any further information the event team should have regarding the participant's health and wellbeing

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## 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:

