

Medical Consent Form

All information provided will be treated as confidential.



Participant information

Name: _____

Email: _____

School/Group Name: _____

Date of Birth: _____

Phone number: _____

Event date: _____

Emergency Contact information

Name: _____

Mobile Phone: _____

Email: _____

Relationship: _____

Work Phone: _____

Home Phone: _____

Medical information

Please list any medical or physical needs (e.g. Asthma, injuries, etc.);

Please indicate if you consent to your child receiving the following medications, with the recommended dosage, if required;

Paracetamol: Yes No | Ibuprofen: Yes No | Antihistamine: Yes No

Please provide information (name, dosage, time to be taken) for any regular medications;

Allergy information

Is there any allergies? If so, please disclose type, treatment & severity;

Does the participant carry an EpiPen? Yes No

Dietary information

Please list any dietary requirements;

Additional information

Please list any other behavioural or cultural needs that haven't been covered:

If there is water activities as part of this programme, would the participant be described as a non or weak swimmer?

Yes No

Any additional information?

By signing this document I agree that all information provided on this form is accurate to the best of my abilities.

Signature (of Guardian if under 18)

Name

Date