



MEDICAL CONSENT FORM

Athlete Details

Surname:	Forename:
Address:	
Postcode:	
Doctor's Name:	
Doctor's Address:	
Doctors contact number:	

MEDICAL INFORMATION

1. Do you have any dietary requirements / food allergies? YES/NO
If YES, give additional information.

2. Do you have any medical conditions requiring medical treatment, please include allergies and medication? YES/NO
If YES, please state

3. Do you have health insurance (for travel abroad)? YES/NO
If YES, please state (i.e. EHIC / Private insurance)

===== PLEASE SIGN EITHER DECLARATION =====

FOR ATHLETES 18 YEARS OF AGE AND OVER - If I require medical care during the meet / camp and if, in the opinion of the doctor dealing with the case, medical or surgical treatment is required, then I hereby give to the leader(s) of the tour group permission to sanction such treatment if contact cannot be made with either of the 2 people mentioned in the emergency contact section.

Signed: _____ Date: _____

FOR ATHLETES UNDER THE AGE OF 18 - If my daughter / son should require medical care during the meet / camp and if, in the opinion of the doctor dealing with the case, medical or surgical treatment is required, then I hereby give to the leader(s) of the tour group permission to sanction such treatment IF ANY OF THE AFOREMENTIONED PERSONS CANNOT BE CONTACTED AT THE TIME TO GIVE THE NECESSARY PERMISSION.

Parent / Guardian Signature: _____ Date: _____

Parental / Guardian Details

Surname:		Forename:	
Address:			
Postcode:			
Contact Phone Numbers:			
Home:		Mobile:	
Work:			

Alternative Emergency Contact

Surname:		Forename:	
Address:			
Postcode:			
Contact Phone Numbers:			
Home:		Mobile:	
Work:			

Data Protection: In compliance with the Data Protection Act 1998, information provided will be kept secure and only used in connection with the purpose and activities of the club. Information will not be kept once a person is no longer a member of the club. Information will only be disclosed to those members of the club for whom it is appropriate.