

Parental Consent and Medical Form

I give my permission for _____ to attend and take part in evening and weekend coaching sessions, weekend races or other events formally arranged by the club.

In the case of illness or accident, I authorise:

- The coach/leader(s) of the event to sign on my behalf any written form of consent required by medical authorities, if a delay in obtaining my signature is considered unnecessary or inadvisable by the doctor or surgeon concerned.
- The coach/leader(s) to administer prescribed medication.

Please give details of any special medical condition of which we should be aware (e.g. asthma, eczema, epilepsy, migraine etc):

Please give details of any known allergies:

Is a tetanus immunization up to date? YES/NO

Name :

Relationship :

Address :

Post Code :

Telephone :

Mobile :

Signed :

Name (Block Capitals) :

Date :