

## Medical consent form

I, the parent / guardian \* of :.....

give permission to the coaches participating in activities during the period

..... (*date of event*)

to administer any necessary treatment or medication to my child. I will inform the club's organisers of any existing conditions and medication.

I also authorise the club's organisers to take my son or daughter to hospital if necessary and give full permission for any hospital treatment. I understand that the club will tell me, 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*