

MEDICAL CONSENT FORM

Consent to medical treatment

The following information and consent is requested to ensure the health and well being of all children and adults participating in Ice hockey activities. The information contained in this form is confidential and will only be used to safeguard and promote the child and adults health and well being should the need arise.

- Name of child / adult:.....
- Date of birth:.....

- Name of General Practitioner:.....
- Address:.....
.....
- Telephone:.....

Please provide details of any pre-existing medical conditions that may affect the child / adult's participation in the activity / event / programme:

- Details of any medication or treatment required:.....
.....
- Details of any injuries (include when injury occurred and the treatment received):.....
.....
- Details of any allergies, including allergies to medication:.....
.....

Adult member (over 18 years old)

I consent to receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

- Signature:.....
- Print Name:.....
- Date:.....

Parent / Guardian / Legal Carer

I consent to receiving medical treatment, including anaesthetic, which the medical authorities present consider necessary.

I undertake to inform should any of the information contained in this form change.

- Signature:.....
- Print name:.....
- Relationship to child:.....
- Date:.....