



MEDICAL CONSENT FORM

MEDICAL AUTHOIRISATION

In the event of illness or accident whilst my child is in the care of the club, I authorise you as a responsible member of staff, to sign on my behalf any written form or consent required by the hospital authorities, if the delay required to obtain signature is deemed inadvisable by the Doctor concerned, in terms of administering any medical, surgical or anaesthetic treatment to my child.

I also undertake to inform the club if my child has recently been in contact with any infectious or contagious diseases and to ensure that they do not attend the club whilst they are themselves in contagious phase of any illness or disease as listed in the local NHS Infectious Diseases Guidelines

MEDICATION

If my child requires medication during the time he/she is in the care of the club, I undertake to supply any tablets; capsules or medicines prescribed by a Doctor for my child, along with precise written information concerning dosage, possible side effects etc. to the play coordinator. I shall complete a specific Medication Consent Form at this time.

I have read and understood the above sections and herby give my consent and authorisation until my child ceases to be a member of the club or until I withdraw the consent in writing.

I hereby give my consent by signing the appropriate section of the Registration Form.