

Medical Consent Form

Under 18 years old

To be completed by the parents or guardian of a student under 18 years old

| | |
|--|--|
| Name of Child: | |
| Date of Birth: | |
| Name of Parent / Guardian 1: | |
| Name of Parent / Guardian 2: | |
| Address of Parent / Guardian 1: | |
| Telephone number of parent / Guardian 1: | |
| Email address of parent / Guardian 1: | |
| Please list any medical needs or allergies that your child might have. If none then please write: <i>None</i> | |

In the event of my child needing medical attention, I agree to them being referred to a qualified doctor and following their advice. This may include hospitalisation, operation in case of emergency, and/or to be given medication.

Name of Parent/Guardian:

Signature of Parent/ Guardian:

Date: