



IN2PORTS HOLIDAY CLUB MEDICAL CONSENT FORM

CHILD'S INFORMATION *(Please complete one form for each child attending Holiday Club)*

Child Full Name:	
Home Address:	
	Postcode:
Date of Birth:	School:

PARENT / CARER INFORMATION

Parent / Carer Full Name:	
Home Tel:	
Mobile Tel:	
Work Tel:	
Email:	

EMERGENCY CONTACT NUMBERS *(These are mandatory but will only be used in an emergency)*

Contact Name 1:	Tel No:
Contact Name 2:	Tel No:
Contact Name 3:	Tel No:

CHILD'S MEDICAL DETAILS

My child has a medical condition / special needs that the course supervisor should be aware of.

Please list full details of all / any medical conditions, disabilities, special needs, allergies, other:

Please list full details of all / any current medication or medical treatment:

Child's Doctors Name:

Doctor's Surgery Name & Address:

Doctor's Tel No:

I give my consent for a member of staff, with first aid training, to administer first aid to my child if or when required. I authorise the organiser to act on my behalf in an emergency if he / she is unable to contact me or considers that it would be inadvisable to delay. I agree to indemnify the organiser for any loss arising from damage caused by my child and any extra costs which may be incurred on their behalf in an emergency.

Full Name: (Mr / Mrs / Miss / Other)

Signed:

Date: